

FORM 2
CONSENT TO SOCIAL OR CULTURAL CIRCUMCISION
(Regulation 5)
[SECTION 12(9) OF THE CHILDREN'S ACT 38 OF 2005]

PART A: PARTICULARS OF CHILD

Full name of child	
Date of birth /ID number	
Residential address of child	
Telephone contact details	
Cell phone number	

PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION

Name	
Address of practice	
ID number	
HPCSA registration number (in the case of a medical practitioner)	
Telephone contact details	Phone : Fax : E-mail :
Cell phone number	
Medical diagnosis requiring circumcision	
Date of circumcision	

- I confirm that I have received sufficient proof that the child is 16 years or older.
- I confirm that appropriate conservative treatment has been used and a circumcision is medically Necessary (if administered by a medical practitioner).
- I confirm that appropriate anesthesia will be used (if administered by a medical practitioner).
- I have explained to the child the following:
 - The nature of a circumcision.
 - The different methods to perform a circumcision.
 - The method to be followed
 - Any risks associated with a circumcision
 - Any complications associated with a circumcision
 - Any other implications or possible consequences of a circumcision
 - Other information (if any): _____

I have given the child an opportunity to ask questions.

 Signature of person administering circumcision/medical practitioner

Date:

PLEASE SEE REVERSE HEREOF

PART C: CONSENT BY CHILD

I, _____(insert name)

- understand that a circumcision is going to be performed on me, and that I am voluntarily undergoing this surgical procedure.
- understand the nature and implications as well as any risks and possible consequences of a circumcision that have been explained to me.
- confirm that I have been given an opportunity to ask questions.
- consent to a circumcision but understand that I may at any time before the procedure withdraw my consent.
- confirm that I have been given the opportunity to refuse the circumcision in terms of section 12(10) of the Act.

Signature of child
Date:

Signature of witness
Date:

**PART D: ASSISTANCE BY PARENT OR GUARDIAN
(TO BE COMPLETED IN THE CASE OF A MALE CHILD OVER 16 YEARS BUT UNDER 18 YEARS)**

I, _____ (insert name) have assisted the child to consent to a circumcision and declare that the child is over the age of 16 years but under the age of 18 years and is, to the best of my knowledge, of sufficient maturity and has the mental capacity to understand the benefits, risks, social and other implications of a circumcision.

I confirm that the child has been given the opportunity to refuse the circumcision in terms of Section 12(10) of the Act.

Parent / guardian
Date:

