

**REQUEST AND CONSENT FOR NEWBORN CIRCUMCISION AND BRIT MILAH**

I (We), parent(s) of baby boy \_\_\_\_\_ request that Dr. Gerson perform a circumcision including Brit Milah on my newborn son. I understand that Dr. Gerson has been certified to perform Brit Milah by the Berit Milah Board of Reform Judaism (National Organization of American Mohalim).

This ceremony affirms our commitment to raise our child in the traditions of the Jewish people.

I understand that the procedure of circumcision is to remove the foreskin from the glans of the penis.

I understand that the risks of the procedure include the possibility of bleeding, infection or damage to the penis, though all of these are rare.

I understand that the cosmetic appearance of the outcome is primarily dictated by the baby's anatomy. Therefore, guarantees of the cosmetic outcome cannot be made.

I have had the opportunity to discuss the procedure with the mohelet.

This procedure is being done for a religious purpose. A medical alternative would be to not circumcise the baby.

In signing this form, I (we) acknowledge that I (we) have read this form and understand its contents. I (we) hereby voluntarily request and consent to the performance of circumcision and Brit Milah as described herein.

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Signature of Parent

Date \_\_\_\_\_

Date \_\_\_\_\_