

**FORM 3**  
**CONSENT TO RELIGIOUS CIRCUMCISION**  
**(Regulation 6)**  
**[SECTION 12(8) 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	
Postal address	
Telephone Contact details	Phone: Fax: E-mail:
Cell phone number	
Age of child	

**PART B: MEDICAL PRACTITIONER OR PERSON ADMINISTERING CIRCUMCISION**

Name	
ID number	
Address of practice	
HPCSA registration number (in the case of a medical practitioner)	
Contact details	Phone : Fax : E-mail :
Date of circumcision	

I have explained to the person consenting the following:

- ☐ The nature of a circumcision
- ☐ 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 person giving consent an opportunity to ask questions.  
I confirm that appropriate anesthesia will be used

\_\_\_\_\_  
Signature of \* medical practitioner / person administering the circumcision

Date:

PLEASE SEE REVERSE HEREOF

**PART C: CONSENT BY PARENTS OR GUARDIAN WHERE CHILD IS UNDER THE AGE OF 16**

We/I, \_\_\_\_\_

- understand that a religious circumcision is going to be performed.
- understand the nature and implications as well as any risks and possible consequences of a circumcision that have been explained to me/us.
- confirm that I/we have been given an opportunity to ask questions.
- consent to a religious circumcision but understand that I/we may at any time before the procedure withdraw my/our consent.

\_\_\_\_\_  
Parent / guardian  
Date:

\_\_\_\_\_  
Signature of witness  
Date: