



6. I understand and agree that someone may watch or help with my surgery or procedure for medical teaching. These people are usually medical or nursing students. A technical advisor may watch if my doctor thinks one is needed.
7. I understand that if my heart or breathing should stop during this surgery or procedure that doctors and other healthcare providers will try to restart my heart and breathing, but also understand that I have the option of asking that steps to restart my heart and breathing not be taken during this procedure.
8. I understand the doctors, anesthesiologists, nurse anesthetists, students, residents, paramedics, other trainees or other providers who take part in my procedure may be independent practitioners and not employees or agents of OSF Healthcare System or any of its affiliates, OSF Saint Elizabeth Medical Center, or OSF Saint Paul Medical Center.



- I have read the entire permission form.
- I understand this information.
- I have had all my questions answered and have no more questions.

I give my permission
for this surgery or
procedure.

Sign here →

07/02/18
Date

Time

[Your Signature]
[Witness to Signature]

This section is for a
patient who is a
minor or is not legally
able to sign. A person
who has legal rights
to give consent for
the patient signs.

- I have read the entire permission form.
- I understand this information.
- I have had all my questions answered and have no more questions.

07/03/18
Date

1222
Time

[Signature of Person OR Telephone Consent by Person Responsible]
[Legal Consent Relationship]
[Witness to Signature]
[2nd Witness to Signature (For Telephone Consent)]

