



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 03
Date Time

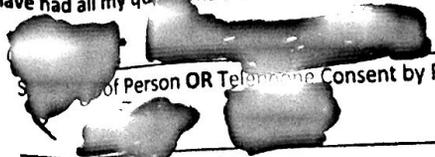

 Your Signature

 Witness to Signature

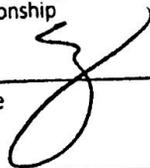
This section is for a patient who is a minor or is not legally able to sign. A person who has legal rights to give consent for the patient signs.

- 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 1220
Date Time


 Signature of Person OR Telephone Consent by Person Responsible

 Legal Consent Relationship

 Witness to Signature


 2nd Witness to Signature (For Telephone Consent)

