CENTRE HOSPITALIER
Bourg Saint Maurice
TARENTAISE

Service de Chirurgie Explorations Fonctionnelles

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Code identification
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Informed consent / Authorization to Operate

I, the undersigned (Last name, First name) : ……

☐ **Acting on my own behalf:** ……

☐ **Acting on behalf of my child:** ……

☐ **Acting on behalf of the protected adult:** ……

☐ **Certify that I have had a consultation with Dr:** ……
practicing at the Bourg Saint Maurice Hospital Center, to be informed about my current state of health and the reasons leading to the prescription of necessary examinations and therapeutic procedures. I have received clear, complete, and appropriate information regarding these procedures, the possible discomfort they may cause, as well as the risks and complications that may arise during their execution and in their immediate or long-term aftermath.

☐ **Certify that I have had an anesthesia consultation:**
during which I received clear, complete, and appropriate information about the advantages and disadvantages of the proposed anesthesia. I understand that the anesthesiologist consulted may not necessarily be the one who administers the anesthesia.

☐ I consent to a blood transfusion if necessary or to the administration of blood derivatives deemed essential by the anesthesiologist or intensivist.

☐ I oppose the prescribed blood transfusion, and I confirm my decision despite the explanations I have received. I am aware that this refusal may endanger my health and my life, and that the hospital will contact the public prosecutor to authorize a transfusion in case of an emergency or life-threatening risk.

I have had the opportunity to ask all relevant questions and have fully understood the answers provided. Finally, I have been informed that these practitioners are available to me or to my relatives (the designated trusted person, parents or legal guardian for minors or patients under guardianship) or to a doctor of my choice to review the information that has been given to me.

After acknowledging this information and not being in an emergency or immediate danger, I have been able to give my informed consent for the planned procedures.

For patients under guardianship or curatorship, the legal guardian's signature is mandatory.
For minor patients, both parents' signatures are mandatory.

AUTHORIZATION TO OPERATE

Title of the procedure: ……

Operative date: …… / ….. / ……

Patient (or legal guardian):	**For a minor patient:**	

Divorced parents: signature of both parents required.
In the event of the revocation of parental authority for either parents, a copy of the judgment referring to it is essential.

In the absence of a duly completed authorization, the surgical procedure is canceled.