BRONSON CHILDREN'S HOSPITAL	Affix Patient Label
	Patient Name: Date of Birth:

CONSENT FOR MEDICAL CARE AFTER POSSIBLE ABUSE OR NEGLECT

I authorize and consent to specialized medical care for this child. This visit will include:

- Talking with you and this child
- Physical exam
- Testing, if needed
- Treatment and follow-up plan

I understand that the exam may include:

- Collecting evidence from this child's body
- Taking photos or videos of this child's body (injuries, birthmarks, scars)
- Taking photos of the breasts, genitals, and anus

After this child's identifying information is removed, photos may be used for educational purposes.

If evidence is collected from this child's body, you may choose to release the evidence to law enforcement. You will be asked to sign a written release form.

I agree that this child and I may be observed for educational purposes.

If child abuse or neglect is suspected, medical records, photos, and videos may be released to Children's Protective Services and Law Enforcement.

Parent/Guardian Signature: _____ Date:_____ Time:_____

Parent/Guardian Printed Name: _____

Relationship to this child: _____

Witness:_____ Date:_____ Time:_____

Who has legal custody of this child? □ Both parents □ Mother □ Father □ Guardian