SOUTH CAROLINA Children's Advocacy Medical Response System
Serving the children of South Carolina since 2004

Child Maltreatment Protocol

CONSENT FOR MEDICAL DIAGNOSIS AND TREATMENT

I, _____, in my capacity as

Mother **Father** **Legal Representative**

(Please circle)

Other: (please specify relationship to child)_____

of the child named below, consent to a physical exam concerning allegations or suspicions of maltreatment, and if necessary to collect evidence and provide treatment. This procedure has been fully explained to me, and I understand that this examination may include clinical observation for evidence of physical or sexual abuse or both, and tests for sexually transmitted diseases (STDs). In addition, I consent to photographs and/or X-rays of any significant findings. I do consent to the use of these photographs or X-rays by this facility, or its staff, for medical, teaching, and/or legal purposes. I fully understand the nature of the examination and medical information obtained by this means may be used as evidence in a court of law or in connection with the enforcement of public health rules and laws. I do consent to HIV antibody testing if found necessary by the healthcare provider. I understand that if HIV testing is done, information regarding that test will be explained to me by the healthcare provider. I understand a positive or negative test may need to be confirmed or repeated at a later date.

Child's Name:_____ Date of Birth: _____ Age:_____

By signing below, I consent to the diagnosis and treatment of the named child as described above.

_____	_____	_____
Signature of Parent/Legal Representative	Printed Name	Date
_____	_____	_____
Signature of Parent/Legal Representative	Printed Name	Date
_____	_____	_____
Signature of Witness	Printed Name	Date