

CONSENT TO A MEDICAL EXAMINATION

I _____ do hereby consent
(CLIENT/RESIDENT, PARENT, AUTHORIZED REP)

to a physical examination of _____
(CLIENT/RESIDENT)

by a physician designated by the State Department of Social Services and

also consent to any laboratory tests associated with the medical examination

for the purpose of investigating the possible abuse or neglect of

(CLIENT/RESIDENT)

(SIGNATURE OF AUTHORIZED PERSON)

(RELATIONSHIP TO CLIENT/RESIDENT – IF OTHER THAN CLIENT/RESIDENT)

(ADDRESS)

(CITY/STATE/ZIP CODE)