



Safe Child Center

www.flagstaffmedicalcenter.com

A child advocacy center at Flagstaff Medical Center serving children for 15 years

Where the voice of a child is given the attention it deserves

Consent for Examination and Investigative Interview

1. I give my consent to the Safe Child Center at Flagstaff Medical Center for the performing of physical examinations, investigative interviews, and clinical diagnostic tests of my child for the purposes of evaluating possible child abuse.
2. I give my consent to the Safe Child Center to record, photograph, or film child for purposes of treating patient or for the hospital's internal operations, such as improvement of quality of care and educating students and professionals. These will be kept as a part of my child's confidential record.
3. I acknowledge that I am a person authorized by law to sign this consent.
4. I release the Safe Child Center, Flagstaff Medical Center, Northern Arizona Healthcare, and their directors, employees and agents from any and all liability related to the physical examinations, investigative interviews, and clinical diagnostic tests of my child for the purposes of evaluating possible child abuse.
5. I understand that the Safe Child Center will release the above referenced information to appropriate referring agencies, including Child Protective Services or Social Services, law enforcement agencies and prosecutors.

Child's Name - Printed Name

Child's Date of Birth

Parent/Guardian - Printed name

Parent/Guardian - Signature

Relationship to Child

Date Form was Signed

Witness (FMC Employee or Volunteer) -
Printed name

Witness - Signature