

CONSENT TO A MEDICAL EXAMINATION

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

to a physical examination of _____
(CLIENT/RESIDENT)

by a physician designated by the California 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)

DATE

(SIGNATURE OF AUTHORIZING PERSON)

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

(ADDRESS)

(CITY/STATE/ZIP CODE)