



Sample consent form for HCPs (Custody)

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The medico-legal guidelines and recommendations published by the Faculty are for general information only. Appropriate specific advice should be sought from your medical defence organisation or professional association. The Faculty has one or more senior representatives of the MDOs on its Board, but for the avoidance of doubt, endorsement of the medico-legal guidelines or recommendations published by the Faculty has not been sought from any of the medical defence organisations.

Consent

Verbal consent obtained YES NO Signed _____

Special features

Date _____

If signed for child, name and relationship

Name of interpreter if present

I consent to the following for myself/a child for whom I have parental responsibility*

- A medical examination
- Taking forensic samples
- Body diagrams being completed, and presented to the police and to court, if required
- A statement/report to be written for court purposes
- Contacting my GP
- Contacting other relevant services and referral as appropriate (Please specify)

Witnessed (if appropriate)

Name of witness

Relationship of witness

Date _____

- Access to my summary care record (or equivalent)
- Safeguarding referral (note this is mandatory for someone under 18 years)
- My information being used anonymously for audit and/or research
- Information to be shared with other healthcare professionals and custody staff as necessary during my detention

*Delete as appropriate