



**CONSENT FOR RADIOLOGICAL EXAMINATION OF CHILDREN
HAVING INVESTIGATIONS IN RELATION TO UNEXPLAINED INJURIES**

Affix patient label

Details of proposed radiological investigation(s)

Reasons for investigation(s), including any court order obtained

Risks of investigation(s)

Signature of referring doctor _____

Print name _____

Date _____

To be completed by person with parental responsibility for child:

I confirm that I have legal responsibility for this child. I agree to the radiological investigations described on this form being performed on my child. I confirm that I have had the chance to have any questions about the procedure answered. Should sedation or general anaesthetic be required, I understand that I will have the opportunity to discuss the details with the paediatrician or anaesthetist. I understand an additional consent would be required.

Signature of person with parental responsibility for child

Date _____

Print name _____

To be completed by lead radiographer on admitting child to imaging room for procedure:

I confirm that I have confirmed the identity of the child and checked for documentation of consent:

Signature of radiologist _____

Print name _____

Date _____