

VISUAL ASSESSMENT PERMISSION FORM

State of Michigan
Michigan Department of Human Services (DHS)

I (We), _____ am (are) the legal
parent(s)/guardian(s) of _____, D.O.B. _____.

By signing this form, I am giving permission for _____,
Children's Protective Services worker, to view my child/children's buttocks.

Additional Children: _____, D.O.B. _____
_____, D.O.B. _____
_____, D.O.B. _____
_____, D.O.B. _____

I understand that this is a voluntary action and that I am not required to consent. I understand that my child(ren)
is(are) currently the subject of a Children's Protective Services investigation.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date