

Consent form for parents with girls in years 1 and 5

CONSENT TO GYNAECOLOGICAL EXAMINATION

I have received information about the prohibition against female genital mutilation, about its impact on health, and the health care available when female genital mutilation has been performed, as well as about the gynaecological examination itself.

I hereby consent to the performance of a gynaecological examination of my daughter:

Name and date of birth, daughter:

Mother:

Father:

Place:

Date: