

**THE CHILD ADVOCACY CENTER OF SANILAC COUNTY**

**SEXUAL ASSAULT AND DOMESTIC VIOLENCE COALITION WITH SANE/SART  
SERVICES OF SANILAC COUNTY**

***PARENT / GUARDIAN ACKNOWLEDGEMENT FORM***

I, \_\_\_\_\_, acknowledge that my child,  
**(parent / guardian)**

\_\_\_\_\_, will be forensically interviewed and may receive a forensic medical examination, counseling services, victim advocacy services and coordination of care as needed, at the Sanilac County Child Advocacy Center. Information obtained in connection with the forensic interview may be shared with Center staff, the Multi-Disciplinary Team, and mental health personnel, and may be used by them consistent with their respective professional responsibilities.

I acknowledge that my child's forensic interview will be audio and video tape recorded. Recordings will be given to and kept by the investigating police agency and will be disclosed and used only as prescribed by law.

**Parent / Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_