

Name :	Surname :	Date of birth :
Weight :	kg	Height :

**Before the examination of MRI, please answer carefully to the following questions :**

- Is he allergic to medications or is he asthmatic ?  yes  no
- Did he have a particular reaction during a radiologic examination ?  yes  no
- Did he have an injection (fever, cough, sore throat), dental treatment in the last 15 days ?  yes  no
- Does he have dental appliance, hearing aid, heart valve, pacemaker or prosthetic material ?  yes  no
- Madam, if you wish to stay with your child during the exam :  
Are you pregnant or likely to be ?  yes  no  
Are you breastfeeding ?  yes  no



Has your child contracted COVID-19 ?

yes  no

If yes, on what date was his test positive ? .....

Information that seems significant to be communicated and serious illness ?

.....  
.....  
.....

**For the examination :** If he is under five years old, if sedation or if an intravenous injection is planned, leave your child fasting for the examination, that is to say four hours without eating or drinking. For infants under six months, a 3-hour fast is sufficient. Have him empty his bladder so that he does not have a sudden urge during the examination.

**During the exam :** You will most often be asked to attend the exam. Although it is done by a trained team, seeing it done by your own child may be uncomfortable for some parents. You are under no obligation to attend and if you prefer to wait in the waiting room, the staff will inform you of the progress. The exam lasts approximately thirty minutes. If it is expected to last longer, staff will come and notify you.

**After the examination :** Wait until your child is completely awake (if there has been sedation) then have him drink and eat lightly, starting with water.

**As soon as you return home,** in the event of bleeding or redness on the skin, call your doctor or contact the examination center (tél. : 04 93 09 21 64) or go to the emergency of Grasse Hospital Center (tél. : 04 93 09 55 55)

*It is normal for you to have questions about the exam your child is taking. We hope to have answered it. Do not hesitate to contact us again for any additional information.*

I declare to have been informed of various details and risks related to the examination and I give my consent to carry out, archive the examination and transmit it to the medical profession (specialist doctors, RCP).

Madam, Sir, ..... (father/mother of the child)

Personally completed this form on : .....

Signature

**Dissemination of the report in « Mon Espace Santé / Dossier Médical Partagé » (shared medical record) :**

DISSEMINATION AGREEMENT : All (patient + legal representatives + healthcare professionals) :  YES  NO

**IF NO :**

I would like to NOT SEND ANYTHING to the shared medical record

I would like to send it to the patient (me) and healthcare professionals but NOT TO LEGAL REPRESENTATIVES

I would like to send it only to the patient (me)

I would like to send it only to health professionals