



Newborn Screening Program Parental Statement of Religious Objection

I am the parent or legal guardian of _____, a child born _____ in South Carolina. I request that my child not be tested by blood spot screening in order to detect silent, deadly metabolic diseases and hemoglobinopathies. I certify that this refusal is based on religious grounds. Religious grounds are the only permitted reason for refusal under South Carolina law, Section 44-37-30(C).

I understand that my child may suffer brain damage, other bodily harm or death if a disease that can be detected by blood spot screening is not diagnosed. I understand that such harm can be lessened or prevented by early diagnosis and treatment. I understand that these diseases are usually silent, and may be present in a child that looks healthy. I understand that the blood spot screening test is the best way to detect these disorders early, and that testing is routinely done for every child. I understand that this testing is quick, easy and that the results are confidential. I understand that this testing has been the standard of care for all children born in South Carolina and the rest of the United States for many years.

I have been fully informed of, and fully understand, the possible devastating consequences to my child's health if blood spot screening is not done. I have been fully informed of, and fully understand the benefits of testing and blood specimen storage. I have been given the brochure produced by the South Carolina Department of Public Health that describes the conditions for which testing is currently available and explains the benefits of testing and blood specimen storage. I also understand that my child would have been tested for these conditions except for my objection. I have been given the opportunity to ask questions concerning this testing and these conditions, and all of my questions have been fully answered to my satisfaction.

I release and hold harmless the South Carolina Department of Public Health, the facility at which the birth occurred, the person(s) responsible for the collection of the blood spots, and any other person or entity relying on this objection, for any injury, illness and/or consequences, including the death of my child, which may result to my child as the result of my refusal of blood spot screening.

Parent: _____

Date: _____

Witness: _____

NOTE TO PROVIDERS: This form is only necessary if the parent or legal guardian refuses testing for inborn metabolic errors and hemoglobinopathies.

**Instructions for Completing 1804-ENG-DPH
Parental Statement of Religious Objection**

PURPOSE: This form is used by hospital, health department and other health care provider staffs to document a religious objection to newborn screening for inborn errors of metabolism and hemoglobinopathies.

ITEM BY ITEM INSTRUCTIONS:

Top Section: Print parents or guardians' names on the line indicated. Print child's name and date of birth on the lines indicated.

Bottom Section: The parent or guardian signs his/her name and indicates the date in the appropriate space. The witness signs his/her name and indicates the date in the appropriate space.

OFFICE MECHANICS AND FILING: Mail the original to: Newborn Screening Follow-up Program, Division of Women and Children's Services, SC DPH, Mills/Jarrett Complex, Box 101106, Columbia, SC 29211. One copy can be given to the parent or guardian. One copy is filed under consents at the health department/facility where the form was signed. The form should be retained according to the medical records retention schedule.