

I hereby give permission for my daughter .....  
to be given Intra Muscular Depot Provera as a contraceptive.

I realise there may be side effects, please note below, to it's use and I release  
the Community Welfare Service from responsibility of same.

Signed \_\_\_\_\_

Date \_\_\_\_\_

\* \* \* \* \*

Depot Provera is an injectable contraceptive which works in the same way as the  
'pill' by inhibiting ovulation. Some of the side effects may be:

- No menstrual period for the time it is working.
- Some break through bleeding or spotting of blood at any time
- Nausea
- Dizziness
- Headaches
- Some delay of returned fertility

Should any of these occur the girl should contact Winlaton and she will be  
directed to the nearest Medical Practitioner for treatment.

In medical research in the United States Depot Provera has been demonstrated to  
cause Pituitary Suppression, permanent amenorrhoea, infertility and endometrial  
atrophy. (Explained to patient).

The injection will be given initially for a three month period and if there are  
no side effects it may be given for a further six months. Papernicular smear  
should be carried out every two years.

\* \* \* \* \*

I, the patient, understand about the side effects and what I am to do if they  
occur. I wish to have the Depot Provera injection.

Signed \_\_\_\_\_

Date \_\_\_\_\_