

Medical Provider's name
[Street Address]
[City, ST ZIP Code]
[Date]

CPS in County that child resides and law enforcement where potential crime occurred
[Street Address]
[City, ST ZIP Code]

Dear CPS in County that child resides and law enforcement where potential crime occurred:

The purpose of this letter is to provide written documentation of my concerns for significant physical harm to a child resulting from medical neglect. The child is NAME, DOB, MOTHER'S NAME, ADDRESS. I am the child's primary care physician/consulting physician and have known the child and her family since XX/XX/XXXX. The next several paragraphs include a summary of her medical condition (*NOTE TO MEDICAL PROVIDER: IF YOU USE MEDICAL TERMS, ALSO INCLUDE LAY LANGUAGE THAT YOU WOULD USE IN TALKING WITH FAMILIES!*), recommended and necessary medical care and risks to her if medical care is not provided. The risk of physical harm is very high and potentially life-threatening.

- What are the safety risks/urgent medical concerns? Include medical conditions, needed therapies, and a discussion if the therapies are better than the natural course of the disease, likely to be successful, and whether a reasonable parent would opt for the therapies.
 - Bulleted format by topic is very helpful
- Family's understanding of the medical condition and recommended treatments
- Barriers to compliance that have been identified and addressed by my health care team
- Risks if no further action is taken: Short- and long-term risks

Thank you for your assistance.

Sincerely,

Medical Provider's name