



\_\_\_\_\_  
Signature of Person Obtaining Consent/Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

The nature and the purpose of the above research study have been explained to me; I have agreed to have my child participate in the research study. I also agree that my child's personal health information can be collected, used and shared by the researchers and staff for the research study described in this form. I will receive a signed copy of this consent form. My child's consent has not been obtained for the following reasons:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Obtaining Consent/Authorization

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date