Attachment E

Consent To Participate In Research & Authorization To Use And Share Personal Health Information: (For Subjects less than 18 Years of Age)

I have read or have had read to me the preceding information describing the study. All my questions have been answered to my satisfaction.

The nature and the purpose of the above Research Study have been explained to my child and me; we have agreed to have my child participate in the research study. We 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. We will receive a signed copy of this consent form.

_____ _____
Signature of Parent/Guardian Date

_____ _____
Signature of Subject (when appropriate) Date

_____ _____
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