# Parent/Guardian Consent Form – Case Report

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| **Project Title** |  |
| **Name of Researcher** |  |

### Declaration by Parent/Guardian

I understand that my Health Professional wishes to add to knowledge about the condition involving my child. By sharing this experience and knowledge, other families may benefit. To this end, my Health Professional has approached me to give my permission for the publication of details about my child’s condition.

I have read the Parent/Guardian Information Sheet, or someone has read it to me in a language that I understand.

I agree to the use of my child’s medical records, with the protection noted below, for the purpose of this Case Report.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I give my permission, on the understanding that the Case Report will be published without my child’s name attached; and that the researchers will ensure my child’s anonymity.

I understand that I will be given a signed copy of this document and the participant information sheet to keep.

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| **Name of Child** (please print) |  |
| **Name of Parent/Guardian** (please print) |  |
| **Signature of Parent/Guardian** |  |
| **Date** |  |

### Declaration by Researcher

I have given a verbal explanation of the case report and I believe that the parent/guardian has understood that explanation.

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| **Name of Researcher** (please print) |  |
| **Signature** |  |
| **Date** |  |