## Consent to Take Part in this Research Study and Authorization to Use and Disclose Health Information for the Research

The research study and consent form have been explained to you by:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Person Obtaining Consent |  | Signature of Person Obtaining Consent |
|  |  |  |
|  |  | Date |

By signing this form, you are indicating that you have had your questions answered, you agree to take part and to allow your child to take part in this research study, and you are legally authorized to consent to your child’s participation. You are also agreeing to let CHOP use and share the health information that will be collected for this study, as explained above. If you don’t agree to the collection, use, and sharing of health information, you and your child cannot participate in this study.   
**NOTE:** *A foster parent is not legally authorized to consent for a foster child’s participation.*

|  |  |  |
| --- | --- | --- |
| Consent for Child’s Participation | | |
|  |  |  |
| Name of Subject |  |  |
|  |  |  |
| Name of Authorized Representative |  | Relation to subject:  Parent  Legal Guardian |
|  |  |  |
| Signature of Authorized Representative |  | Date |
| Consent for Parents’ participation | | |
|  |  |  |
| Name of Mother |  |  |
|  |  |  |
| Signature of Mother |  | Date |
|  | | |
|  |  |  |
| Name of Father |  |  |
|  |  |  |
| Signature of Father |  | Date |