## 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 in this research study and if you are giving permission for a child to participate in this research study, you are legally authorized to consent to the 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 cannot participate in this study.

**NOTE:** *A foster parent is not legally authorized to consent for a foster child’s participation.*

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| Name of Subject |  |  |
|  |  |  |
| Signature of Subject (18 years or older) |  | Date |
|  |  |  |
| Name of Authorized Representative  (if different than subject) |  | Relation to subject:  Parent  Legal Guardian  Legal Guardian |
|  |  |  |
| Signature of Authorized Representative |  | Date |