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

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Name of Subject |  |  |

The research study and consent form was explained to:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Person Providing Consent |  | Relation to subject:  Parent  Legal Guardian |

The person who provided consent confirmed that all of their questions had been answered and they agreed to their/their child’s participation in this research study.

They confirmed that they were legally authorized to consent to their child’s participation.

They agreed to let CHOP use and share their child’s health information.

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

## Documentation of Child Assent to Take Part in this Research Study

### For children capable of providing assent:

I have explained this study and the procedures involved to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in terms he/she could understand and that he/she freely assented to take part in this study.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Person Obtaining Assent |  |  |
|  |  |  |
| Signature of Person Obtaining Assent |  | Date |

### For children unable to assent:

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was not capable of understanding the procedures involved in the study sufficiently to assent to study participation.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Person Responsible for Obtaining Assent |  |  |
|  |  |  |
| Signature of Person Responsible |  | Date |