



Consent for inclusion on the Cerebral Palsy Register

I, _____

hereby give consent to the inclusion of

Name: _____ Date of birth: _____

on the Cerebral Palsy Register.

I have received information about the Register. I understand that an individual may not directly benefit from membership of the Register and that no payment will be made for joining the Register.

I consent to:

- Yes No The collection, recording and permanent storage of information about my child on the Cerebral Palsy Register. This may involve consulting medical records of birth and current health.
- Yes No Transfer of this information to the Australian Cerebral Palsy Register.
- Yes No Receiving invitations from time to time from Register staff to participate in research studies. There is no obligation to participate.
- Yes No Contact with health professional/s to assist in completing and or verifying the health details on the Register.

Signed: _____ Date: _____

Relationship to child: _____

Address: _____

Health professionals who may be able to provide information eg paediatrician or therapist (*include name and contact details*):

1. _____

2. _____

For more information about the Register, please contact Anna Lanigan. Phone: 9345 4808 Email: vic.cprester@rch.org.au

Thank you for your support.