

REMOVAL OF CONSENT HEALTH PROFESSIONAL



If you have previously given consent for a health professional to verify or provide information for your record, and you wish to withdraw that consent, you should complete this form.

I, (please print name)

being myself / parent / person responsible (please circle the appropriate response here and throughout this document)

hereby **withdraw consent** for additions or changes to be made to the CP Register record by

(person's full name)

I have read and understood the information sheet and had any questions answered to my satisfaction. I am aware that I should retain a copy of this form, when completed, and the information sheet for my records.

Signed Date / /

Relationship to child / person

Use only if discussed with a health / education professional

I, being a health / education professional certify that I have explained the project to the person / parent and / or person responsible and consider that he / she understands what is involved and is freely withdrawing his / her consent.

Signed Date / /

Name

Title