

REMOVAL OF CONSENT FOR CP REGISTER



Please complete this form if you wish to withdraw consent for your record to be held on the CP Register.

I, (please print name)

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

hereby **withdraw consent** for my record to be held on the Cerebral Palsy Register.

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