
CONSENT FORM

**CHILDHOOD ASTHMA PREVENTION STUDY (CAPS)
8 YEAR FOLLOW-UP**

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I have read and understand the Information Sheet, and give my consent for

_____ to participate in this research study,

which has been explained to me by

I understand that I am free to withdraw from the study at any time and this decision will not otherwise affect my child's treatment at the Hospital.

NAME OF CHILD: _____ (Please print)

NAME OF PARENT OR GUARDIAN: _____ (Please print)

SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____

NAME OF WITNESS: _____ (Please print)

SIGNATURE OF WITNESS: _____ Date: _____

NAME OF INTERPRETER: _____ (Please print)

SIGNATURE OF INTERPRETER: _____ Date: _____