

**CONSENT FORM**

**A SUB-STUDY OF THE CHILDHOOD ASTHMA  
PREVENTION STUDY (CAPS) FOR THE INVESTIGATION OF  
EARLY LIFE PREDICTORS OF CARDIOVASCULAR RISK**

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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: \_\_\_\_\_