

# Children's Health Research Demographic Consent Form

## Demographic Information

Child's Full Name

Date of Birth

Gender

Ethnicity

Primary Language Spoken at Home

## Parent/Guardian Information

Parent/Guardian Name

Relationship to Child

Contact Email or Phone

## Consent

I have read and understood the purpose of this research and consent to the participation of my child. I understand that providing this information is voluntary, and that all information provided will be kept confidential and used only for research purposes.

Parent/Guardian Signature

Date

