Children’s Health Queensland Hospital and Health Service
Parent/Guardian Consent Form

Project Title: PRESCHOOL HABIT-ILE: Intensive rehabilitation to improve motor skills of children, aged 2 to 5 years, with bilateral cerebral palsy.

Parent/Guardian
I have read the above information. I have asked all of my questions and received answers. I agree to enroll my child in the following parts of this study.

☐ The Therapy
☐ Measuring Movement with Devices (ActiGraphs and Polar Optical HR Sensor)
☐ Both Hands Assessment second retest

__________________________________________________________
Signature of Parent/Guardian                                      Date

__________________________________________________________
Print Name

CHIEF INVESTIGATOR
I have fully explained to the parent/guardian ………………………………………………… the nature and purpose of the program and the procedures to be employed as described above and such risks as are involved in their performance, and I have provided the parent/guardian with a copy of the Patient Information Sheet.

__________________________________________________________
Signature of Investigator                                      Date

__________________________________________________________
Print Name                                      Position

INDEPENDENT WITNESS
I have witnessed the receipt of a Patient Information Sheet by the parent/guardian and exchanging of information between the investigator and the parent/guardian about the study.

An auditor witness would optimally discuss the study with the subject and witness the subject signature

__________________________________________________________
Signature of Witness                                      Date

__________________________________________________________
Print Name                                      Position