

Parental Permission Form

Participation in, reporting of and follow up of the CBO-Groupsscreening



To be completed by the parent(s) / caregiver(s)

Please complete this form in block letters with a black or blue pen!

Please indicate below which kind of permission you give regarding the CBO-Groupsscreening:

Please choose (only) one option: if you do not tick anything your child will not be able to participate!

- We give permission for our child's participation in the CBO-Groupsscreening, processing the data by the CBO and reporting* the results to those involved at this school, as well as the use of anonymous results for scientific research.
- We only give permission for our child's participation in the CBO-Groupsscreening, processing the data by the CBO and reporting* the results to those involved in this school.
- Not applicable, we do not give permission.

Completed by the parent(s) / caregiver(s) of:

Given name of the child:

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Surname of the child:

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Date of birth of the child (day - month - year):

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|--|--|---|--|--|---|---|---|--|--|
| | | - | | | - | 2 | 0 | | |
|--|--|---|--|--|---|---|---|--|--|

Date:

| | | | | | | | | | |
|--|--|---|--|--|---|---|---|--|--|
| | | - | | | - | 2 | 0 | | |
|--|--|---|--|--|---|---|---|--|--|

 (day - month - year)

Parent / caregiver
signature

Parent / caregiver
signature

Child's signature
(if 16 years or older)

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Name parent / caregiver

Name parent / caregiver

Name child

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* If you would like to receive the results before they are communicated to school, please inform the teacher or mentor of your child