*>University / school / institute<*

*>University logo<*

*>Name of project leader<*

Contact for any queries:

*>Name of contact, e.g. project team member <*

Phone: *>Contact’s phone number<*

***>University / school / institute<***

**Title of the study: *>Title<***

**Release from the duty of confidentiality**

In the context of the above study, I

(Name >*of participant / of parent*< in block capitals)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

hereby release *> the physician / educator / teacher / etc. <*

(Name of the >*treating/supervising/teaching* < person in block capitals)

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*> of my child<*

*(Child’s name in block capitals)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

from the duty of confidentiality in relation to

*>Specification of the information that the treating/supervising/teaching person will ask for during the study. Specification of the person / group of people to be informed. <*

Place, date & signature >of the participant/parent<:

