

School of Social Work, Fredericton, NB CANADA E3B 5G3

**Difficult and uncertain medical diagnoses   
and allegations of child abuse**

**CONSENT FORM**

|  |  |
| --- | --- |
| **CODE:** | Initial to indicate agreement |
| I have read and understood the information sheet and have had the opportunity to ask questions which have been answered to my satisfaction. |  |
| I agree to the interviews for the purposes of the research described in the information sheet. |  |
| I understand that I do not have to answer a question if I do not want to and can stop the interview at any time. |  |
| I agree to the interviews being audio recorded*.* |  |
| I understand the risks of participating in this research, including the possibility of legal sanctions. |  |
| I take responsibility for my decision to disclose any documents I have supplied. |  |
| I understand that participation is voluntary and that I may withdraw from the research at any time up until the final report and that if I choose to withdraw all information (audio, text and personal information) will be destroyed. |  |
| I would/would not *(delete as appropriate)* like to receive a summary of the research findings |  |

Agreement:

I understand that by signing this consent agreement I am not giving up any of my legal rights.

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Name of Participant (please print) Signature of Participant Date

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Signature of Investigator Date