  

**CONSENT FORM**

 **(PHYSICAL /HEALTH ASSESSMENT)**

I am the parent/guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(student name) from Rujirapjat School. I hereby provide permission for my child to

participate in the physical/health assessment activities to be undertaken by the

SEAMEO TROPMED Network Team. If a health problem is found, I understand that I

will be informed and that my child will be referred to proper health facilities.

Signature and Name of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_-

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_