  

**CONSENT FORM**

**(STOOL EXAMINATION AND HEMOGLOBIN ASSESSMENT)**

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

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

participate in the stool examination and hemoglobin level assessment activities to be

undertaken by the SEAMEO TROPMED Network Team. I understand that I will be

informed of the results of these examinations.

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

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