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**Registration/ Consent Form**

CHILD/ ADOLESCENT’S DETAILS

Name of child/ adolescent:

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Date of birth:

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Gender:

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School:

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School year level:

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PARENT/S DETAILS

First parent/ caregiver’s name:

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Address:

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Phone number/s:

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Email address:

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Second parent/ caregiver’s name:

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Address (if different)

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Phone number/s:

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Email address:

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CONFIDENTIALITY POLICY

Patient confidentiality is rigorously maintained unless there are significant safety concerns (this would be discussed with you). Other sharing of information will only occur with your consent.

Please print and sign (or type or write your name) below to confirm that you have read, understood and accept our policy regarding confidentiality.

Parent’s Signature:

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Date:

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