

Only fill out this form if you wish to **WITHDRAW** your son/daughter from the PaLS study. If you do not complete and return this form, this will be taken to mean that you allow your son/daughter to take part in the study.

Please Use Block Capitals

I, (insert your name) _____

Being the (insert
relationship, e.g. mother,
father, guardian) _____

Of (child's full name) _____

**WISH TO WITHDRAW MY CHILD FROM THE PROJECT, AS
DESCRIBED IN THE LETTER AND INFORMATION SHEET WHICH I
HAVE READ.**

SIGNATURE _____ Date _____