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| --- |
| Full Name of Child  Sex of child:  Male  Female  Date of Birth:  /  /  Month Day Year  Place of Birth- Hospital/Clinic (if applicable)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Place of Birth- City Place of Birth- State |
| The measurement of children’s health is a primary research aim of the National Children’s Study (NCS). Information from the birth certificate, such as birth weight, will help us better understand children’s growth and development throughout childhood. We are asking you to authorize the state office of vital records to release the birth certificate information of the child named above to researchers from the NCS.  Your child’s birth certificate information will be used for research purposes only. All information will be kept private. Names and other identifying information will not be released without your permission.  **I PERMIT** the NCS to obtain my child’s birth certificate information.  **I DO NOT PERMIT** the NCS to obtain my child’s birth certificate information. |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed parent/guardian name (first, middle, last) Signature of parent/guardian  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Relationship to Child  Date signed: // - -  m m d d y y y y Phone number |
| Questions related to the collection of birth certificate information can be answered by NCS staff at 1-877-865-2619. |