

# The North of England Collaborative Cerebral Palsy Survey (NECCPS)

## Consent form for parents

	Yes	No
I have been given sufficient information about the database and I understand it		
I am willing for my child's name and basic details about diagnosis and a checklist of difficulties to be recorded on the database		

Name of parent/guardian \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name of child: \_\_\_\_\_

Child's DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Please return this form to the local co-ordinator**

**Or to the NECCPS co-ordinator, Mary Bythell, The Survey Office, 1-2 Claremont  
Terrace, Newcastle NE2 4AE – Tel (0191) 233 1658**