Pediatric Genetic Screening Consent Form

Patient Name: _____
Date of Birth: _____/_____/_____
Parent/Guardian Name: _____

Purpose of Genetic Screening

Genetic screening is recommended to detect possible inherited or congenital conditions in your child. This can help guide medical care and inform decisions for your child's health and development.

Information Provided to Parents/Guardians

- The reasons for genetic screening and what it involves
- The potential benefits, such as early intervention
- Possible risks, including psychological and privacy concerns
- Alternatives to genetic screening
- Your rights regarding your child's genetic information
- Who will have access to the results
- The possibility of unclear or unexpected results

Consent Statement

I have read and understood the information above. I have had the opportunity to ask questions and received satisfactory answers. I voluntarily consent to the genetic screening of my child.

Parent/Guardian Signature: _____
Date: _____/_____/_____

Healthcare Provider Signature: _____
Date: _____/_____/_____

Contact Information

If you have questions about this test, please contact your healthcare provider:
Phone: _____
Email: _____