

**Health and Social Care Unit 14 Physiological Disorders and their Care**

**Consent form**

I consent to my personal health information being used as a case study for the Unit 14 Physiological Disorders and their Care Assignment at Holy Cross College.

I understand that my name will be changed, and my identity will be kept confidential.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Must be signed by a parent or legal guardian in the case of a child under age 18 or legal guardian in the case of an adult (if applicable).