



**RESEARCH CONSENT FORM**

Version 1 Dated July 2007

**CONSENT FOR THE RELEASE OF MEDICAL RECORDS**

I, \_\_\_\_\_ hereby consent to the release of medical information  
(name of individual)

from: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

regarding: \_\_\_\_\_

for the purposes of the "Genetic Basis of Epilepsy" research project being conducted by  
Professor S. Berkovic and Professor I. Scheffer from the Epilepsy Research Centre.

Signature (Participant): \_\_\_\_\_ Date: \_\_\_\_\_

Signature (Parent/Guardian): \_\_\_\_\_ Date: \_\_\_\_\_  
(If applicable)

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_