



## *National Centre for Inherited Metabolic Disorders*

### **PARENT/GUARDIAN CONSENT FORM**

I consent to receiving a text regarding my child's phenylalanine level. I understand if I do not receive a text or if I receive a text advising that the level is outside the normal range I must ring for the phenylalanine level.

Thank you for your co-operation. It is greatly appreciated.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Nominated telephone number: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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

