

Permission to Give Contact Information to SB Researcher

I, _____

Parent/guardian (circle one) of an infant with spina bifida named

_____, age _____ months,

give my permission for my contact information to be given to Margi Williams. Margi Williams is a nurse and a Ph.D. student at Georgia State University. Margi is doing research with infants with spina bifida. I also give my permission for Margi Williams to contact me to discuss the possible use of my infant in the research study. The purpose of the research study is to examine how using an adaptive crawler™ may improve my infant's ability to play and to explore at the same age as infants typically crawl. This research study will also look at how using an adaptive crawler™ helps my infant to develop physically, mentally, and socially.

Signed: _____ Date: _____

Witness: _____ Date: _____

Contact Information (Please print):

Name: _____

Address: _____

Home Telephone: _____

Cell Phone: _____

E-mail: _____

Other: _____