



Guided by Love, Powered by Science & Technology

PARENTAL CONSENT



Parental Consent

The birth-7 years period of your child's life is very important due to the neuropsychological development and acquisitions happening that are the foundation for a child's healthy development. **C.H.I.L.D Protocol™** is an assessment platform with a collection of 23 interdisciplinary developmental scales to be used to measure and follow up through a comprehensive approach to the child's development from birth to 7 years of age. The **C.H.I.L.D Protocol™** provides a valuable tool for parents and professionals to assess, monitor, and support a child's healthy development through a multidimensional and interdisciplinary lens. This approach can contribute significantly to early identification and intervention, promoting positive outcomes for children during this critical developmental period.

The **C.H.I.L.D Protocol™** scales **are not a diagnostic tool** and are intended to foster understanding, awareness, and early identification of potential risk factors, promoting optimal development for children during the critical birth to 7 years period. Observing, questioning, and giving prompts related to a child's actions and behaviors may give you an insightful understanding of how your child is growing and changing over time and whether your child is meeting the expected typical age-appropriate developmental milestones.

Please read the text below, complete your name and date, and sign this document to indicate your voluntary participation in the **C.H.I.L.D Protocol™** assessment. By signing below, you agree, consent, or authorize the use of information outlined in this document:

*I have read the information provided by **C.H.I.L.D Protocol™**, and I agree to have my child's data collected by _____. I will revise the scale to ensure the data is accurate. I understand that my consent can be revoked at any time by contacting the **C.H.I.L.D Protocol™** administration or the professional I gave consent to provide the child's developmental assessment.*

Parent/Guardian name (printed) _____

Parent/Guardian signature _____ Date signed: _____