



THE SABAN RESEARCH  
INSTITUTE

Research Observer Parent/Guardian Consent Form  
For Minors Younger than 18 Years Old

I authorize my \_\_\_\_\_ daughter, \_\_\_\_\_ son, \_\_\_\_\_ (print name), age \_\_\_\_ (years), to participate as a Research Observer at The Saban Research Institute of Children's Hospital Los Angeles, and to engage in such activities as may be assigned by the supervising principal investigator, or a designated representative. I give my permission to the Hospital for the administration of any minor treatment, should it be deemed necessary. I release Children's Hospital Los Angeles from any claim or liability for any injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of the Hospital, while participating in such volunteer activities.

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_

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

*Parent/Guardian should sign this form by hand and email a copy to [tecpad@chla.usc.edu](mailto:tecpad@chla.usc.edu)*