

Family no. :

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Québec Longitudinal Study of Child Development
QLSCD (E7) – 2004 Round

Consent Form for Participating in the QLSCD and
Authorization to Contact Me

I hereby authorize *Direction Santé Québec* of the *Institut de la statistique du Québec*:

1. To give my name, my child's name, my address and telephone number to the *Groupe de recherche de l'Université de Montréal* so that they can contact me to make an appointment for, and conduct, short activities or games with my child in my home (rather than at school), and administer a short questionnaire.

I understand that this consent form is part of the Québec Longitudinal Study of Child Development (*In 2002... I Was 5 Years Old!*) and constitutes an addition to the form I already signed for the 2004 round of this survey.

It has been explained to me that the goal of this survey is to collect data that will help gain a better understanding of factors that can influence child development in Québec.

Signature of Respondent (in ink)

Date

Thanks for your participation!