

Appendix A

Parental Approval Form

(Parent or Guardian Must Complete)

I hereby give my consent to have my son/daughter _____
participate in a study about malaria control. I also authorize the physician or
technician to share blood sample of my children to Ms. Huma Fatima from
Parasitology Lab of Quaid-e-Azam university for research purpose only.

Signature of parent

Date

Relationship to Child

Telephone

Address _____

City _____ **State** _____ **Zip code** _____

Mom/Dad/Guardian's work phone _____

Son/Daughter's birth date _____

Name of child's physician _____

Medical History (if any)

