

# PARENT INFORMATION FORM

Parents, please provide information about your son/daughter with Lowe syndrome. Print and mail to Lowe Syndrome Association, P.O. Box 417, Chicago Ridge, IL 60415-9623 USA

## A. NAME OF SON(S) WITH LOWE SYNDROME

\_\_\_\_\_  
Son's first & last name

| |

\_\_\_\_\_  
Son's date of birth (month / day / year)

\_\_\_\_\_  
Son's first & last name

| |

\_\_\_\_\_  
Son's date of birth (month / day / year)

## B. FAMILY INFORMATION PLEASE COMPLETE, IF APPLICABLE:

\_\_\_\_\_  
Family website

\_\_\_\_\_  
Languages spoken other than English

**IF YOU ARE NOT THE BIOLOGICAL PARENT OF YOUR CHILD WITH LS, PLEASE CHECK:**

- Adoptive parent  
 Foster parent  
 Other (Please specify below)

\_\_\_\_\_  
Other

\_\_\_\_\_  
Your signature

**PERMISSION TO RELEASE NAME: I GIVE PERMISSION FOR THE LSA TO INCLUDE MY NAME, ADDRESS, PHONE NUMBER, AND SON'S NAME AND BIRTH DATE IN THE ANNUAL PARENT DIRECTORY, AND TO SHARE MY NAME WITH OTHER LSA PARENTS AS APPROPRIATE.**

Yes  No

**RESEARCH ROSTER: I GIVE PERMISSION FOR THE LSA TO PROVIDE MY NAME, ADDRESS, PHONE NUMBER, AND CHILD'S NAME AND BIRTH DATE TO LEGITIMATE RESEARCHERS WHO ARE WORKING ON LS. I UNDERSTAND I AM UNDER NO OBLIGATION TO PARTICIPATE IN ANY RESEARCH PROJECT ABOUT WHICH I AM CONTACTED.**

Yes  No

\_\_\_\_\_  
Today's date