



## Consent for Pre-Adoption Evaluation

**Please print out this page, fill in the requested information and return along with the Client Information Sheet, to the contact information at the bottom of the page. Thank you.**

I give my consent to allow the reviewers to evaluate and assess the materials that I have provided regarding the child named, \_\_\_\_\_ . This consent includes the designated reviewers in addition to support personnel and trainees working with the reviewers.

**I understand that the materials that I provide cannot be returned.** These materials will be kept at the Johns Hopkins Hospital or Kennedy Krieger Institute as permanent records.

I am reasonably certain that the child I have identified is the child recorded on the video. In addition, I am reasonably certain that any records I have provided are records belonging to this particular child. I do not hold the reviewers, their agents or contractors, or any regulatory agency responsible for a misrepresentation of the child's identity or inaccuracy of the materials provided.

I understand that the limitations of this evaluation include (but are not limited to) the following: the length of video segment provided, language barriers, lighting, inability to interact with or examine the child, quality of translation of the medical records, the environment the child is in, and the variability of the child's temperament. I understand that reviewers will only review the video segment(s) related to the child noted above.

I understand that the results of the evaluation of the materials I provide constitute a professional opinion based on limited information and cannot constitute a comprehensive and accurate assessment of the child. I understand that the impression from this evaluation will not include a prediction of long-term outcome.

I understand that neither the reviewers, their agents or contractors, nor any regulatory agency will be held responsible for any decisions or the results of any decisions made as a consequence of the report of this evaluation or any subsequent discussions around the evaluation.

I consent to the release of any and all findings and hospital records of the above named child applicable to evaluation(s) by the Kennedy Krieger Institute and/or the Johns Hopkins Hospital. I understand that records will be released only to me unless I provide a written request for release to other parties.

**TAPES, PHOTOGRAPHS, AND RECORDS ARE NOT RETURNED.  
PLEASE MAKE COPIES BEFORE YOU SUBMIT FOR REVIEW.**

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please mail/fax your consent to the address information listed below:**

**The International Adoption Clinic  
of Kennedy Krieger Institute and Johns Hopkins Children's Center  
707 N. Broadway  
Baltimore, MD 21205**