

Canadian Longitudinal Study on Aging
Consent Form for a Proxy Decision Maker

For more information about the study

**Residents of British Columbia, Alberta, Saskatchewan, Manitoba,
Ontario, Quebec, New Brunswick, Prince Edward Island or Nova
Scotia**

PLEASE CALL:
Toll-free: 1-866-999-8303
E-mail: info@clsa-elcv.ca
French and English

Residents of Newfoundland or Labrador

PLEASE CALL:
English Toll-free: 1-888-908-4988
French Toll-free: 1-866-999-8303
(Dr. Gerry Mugford, Site Investigator, Memorial University)

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Government of Canada through the Canadian Institutes of Health Research and the
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Canadian Longitudinal Study on Aging
Etude longitudinale canadienne sur le vieillissement

Proxy Decision Maker Consent Form

I have read the CLSA Proxy Decision Maker information and I understand it.

I have had a chance to ask questions about being a proxy decision maker, and all my questions have been answered.

I understand that at any time I can change my mind and withdraw from being a proxy decision maker for the CLSA participant.

As a proxy decision maker for a CLSA participant I will receive a copy of the participant's proxy consent form that includes their wishes about how they would like to continue to participate in the CLSA.

Please sign as proxy decision maker if

- The participant named below has indicated you as the person they would like to make decisions on their behalf with regard to the CLSA; Or,
- You have been legally named to look after their affairs.

<p>I agree to be a <u>proxy decision maker</u> for the participant named below in relation to their participation in the Canadian Longitudinal Study on Aging.</p> <p>Participant Name: _____</p>	<table> <tr> <td>Yes</td> <td>No</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>
Yes	No				
<input type="checkbox"/>	<input type="checkbox"/>				

Proxy Decision
 Maker Name: _____ Date _____

Proxy Decision
 Maker Signature: _____

<p>FOR OFFICE USE ONLY</p> <p>Principal Investigator or delegate</p>	
Name: _____	Date: _____
Signature: X _____	