

Connecticut Children's Medical Center
Hartford, CT



Waiver for Study Payment Stipends

I wish to waive all and/or remaining stipend payment(s) for my child's participation in the _____ [INSERT NAME OF STUDY].

I would stipend payment(s) to be donated to a department of my choice at Connecticut Children's Medical Center as listed below:

Name of Department: _____

-OR-

I would like stipend payment(s) to be donated to the charity of my choice as listed below:

*Name of Charity: _____

Address: _____

* This donation is being made on the behalf of _____ (please insert name). If you do not want to make the donation on behalf of someone please leave blank.

Anticipated amount due, if all study visits have been completed: _____

Final amount given, which is based upon actual visits completed (amount per visit x number of visits): _____

Printed Name of Child

Printed Name of Person Completing Form

Relationship to Child

Signature of Person Completing Form

Date