PARENTAL INFORMATION STATEMENT

Title of project: ..............................................................................................................................

You are invited to permit your child to participate in a study of (state what is being studied). We (ie. the investigators) hope to learn (state what the study is designed to discover or establish). Your child was selected as a possible participant in this study because (state why the child was selected).

If you decide to permit your child to participate, we (or Dr .................... and associate/s) will (describe in simple language the procedures, including the use of placebos, to be followed, their purposes, how long they will take, and their frequency).

(Describe the discomforts and inconveniences reasonably to be expected. An estimate of the total time required must be included).

(Describe the possible risks reasonably to be expected. Describe any benefits to the child reasonably to be expected. If benefits are mentioned, add):

We cannot and do not guarantee or promise that your child will receive any benefits from the study.

(Describe appropriate alternative procedures that might be advantageous to the child, if any. Any standard treatment that is being withheld must be disclosed).

Any information that is obtained in connection with this study and that can be identified with you or your child will remain confidential and will be disclosed only with your permission. If you give us your permission by signing this document, we plan to (discuss/publish) the results (state the persons or agencies to whom the information will be furnished, the nature of the information to be furnished, and the purpose of the disclosure). In any publication, information will be presented in such a way that you or your child will not be able to be identified.(If the child's parent will receive remuneration, describe the amount or nature. If there is a possibility of additional costs to the parent because of participation, describe it.)

Your decision whether or not to permit your child to participate will not prejudice you or your child's future relations with the University of Sydney (and the ......................... Hospital). If you decide to permit your child to participate, you are free to withdraw your consent and to discontinue your child's participation at any time without prejudice.

If you have any questions, we expect you to ask us. If you have any additional questions later, Dr ......................... (provide a phone number - not a home number) will be happy to answer them.

You will be given a copy of this form to keep.

Any person with concerns or complaints about the conduct of a research study can contact the Deputy Manager, Human Ethics Administration, University of Sydney on (02) 8627 8176 (Telephone); (02) 8627 8177 (Facsimile) or human.ethics@usyd.edu.au (Email).