PARENTAL (OR GUARDIAN) CONSENT FORM

1. I, ........................................................ agree to permit ............

........................, who is aged ....................

... years, to participate as a participant in the study described in the Parental Information Statement set out above (or attached to this form).

2. I acknowledge that I have read the Information Statement, which explains the aims and the nature of the study and the possible risks, and the statement has been explained to me to my satisfaction.

3. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm my child might suffer as a result of participation and I have received satisfactory answers.

4. I understand that I can withdraw my child from the study at any time without prejudice to my or my child’s relationship to the University (and the

...................................................... Hospital).

5. I agree that research data gathered from the results of the study may be published provided that neither my child nor I can be identified.

6. I understand that if I have any questions relating to my child’s participation in this research, I may contact ...................................................... on telephone ........................................., who will be happy to answer them.

7. I acknowledge receipt of a copy of this Consent Form and the Information Sheet.

........................................................

Signature of Parent/Guardian

........................................................

Please PRINT name

........................................................

Date

[If the child is old enough to understand the procedures involved in the study and to give written consent space should be provided for the child’s name and signature ie see example below]

........................................................

Signature of Child

........................................................

Please PRINT name

........................................................

Date