

Consent Form

Parent/Guardian



Statement (please read)

**Parent/
Guardian**
*(Initial or thumb
print each box)*

- | | | |
|---|--|---|
| 1 | I have read/ had read to me of the Patient Information Sheet for the above study (dated DD/MM/YYYY, version ____) and have had the opportunity to consider the information and ask questions. | <input style="width: 50px; height: 40px;" type="text"/> |
| 2 | I understand that my child's participation in this study is voluntary and that I may withdraw them at any time without giving a reason. I understand that opting out won't affect my child's future medical care or legal rights. | <input style="width: 50px; height: 40px;" type="text"/> |
| 3 | I give permission for researchers to look at my child's medical records to get information about my care, and to contact me as part of this research study. | <input style="width: 50px; height: 40px;" type="text"/> |
| 4 | I give informed explicit consent to have my child's data processed as part of this research study. I am happy for information about my child related to the study being stored on password protected computer systems at my hospital and also at the University of Birmingham in England. This will be backed-up in a separate location to keep my child's information safe. | <input style="width: 50px; height: 40px;" type="text"/> |
| 5 | I consent for my child to take part in this research study having been fully informed of the risks, benefits and alternatives. | <input style="width: 50px; height: 40px;" type="text"/> |

Name of child	Name of Principal Investigator/ nominee taking consent
Name of Parent/ Guardian	I, the undersigned, have taken the time to fully explain to the above parent/guardian the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.
Relationship of Parent / Guardian to child	
Signature (or thumb print) of Parent / Guardian	
Signature (or thumb print) of Child (if applicable)	
	Signature of researcher
Date form signed (or thumb printed) by Parent/ Guardian DD / MM / YYYY	Date form signed by researcher DD / MM / YYYY

3 copies to be made: 1 for Parent/Guardian, 1 for PI and 1 for hospital