

Serial Number: I _ I _ I - I _ I _ I _ I _ I

Parent/Guardian Consent Form (v5, 31.07.2012)

**Please
initial box**

- 1 I confirm that I have read and understand the information sheet dated 31.07.12 (v5) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
- 2 I understand that my child's participation is voluntary and that I am free to withdraw at any time, without giving a reason, and without my care/my child's care or legal rights being affected.
- 3 I understand that relevant sections of my child's medical notes and data collected during the study may be looked at by responsible individuals from the Barts and the London Clinical Trials Unit, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my child's records.
- 4 I agree to my child's GP being informed of my child's participation in the study.
- 5 I agree to participate in a recorded interview about my views.¹
- 6 I agree for my child to take part in this study.

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- 7 I do not wish my child to/my child is ineligible to take part in this study but I am happy for their information as recorded today to be used by the study team under the terms stated in the Information sheet.

¹ Delete if not applicable to this centre

Name of Patient

Name of Parent

Signature

Date

Name of Researcher

Signature

Date

Name of Principal
Investigator

P.I. Countersignature

Date

1 copy for parent, 1 for researcher site file, 1 to be kept in patient (child's) notes