

Patient ID number: - -

CONSENT FORM FOR PARENTS/GUARDIANS

Bath Additives for the Treatment of childhood Eczema (BATHE)

Chief Investigator: Dr Miriam Santer

Please
initial each
box

1. I confirm that I have read and understood the information sheet (Version 3 dated 31st July 2014) for the above study. I have had the opportunity to consider the information and to 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 my child at any time without giving any reason, without my or my child's medical care or legal rights being affected.
3. If I withdraw my child from the study, I understand that any data which has already been collected may be retained and used for research purposes unless I inform the study team that I do not wish the information to be used.
4. I give permission for my child's GP to be informed of their participation in this study.
5. I understand that data collected during the study may be looked at by individuals from the study team, from the NHS Trust or from regulatory authorities.
6. I understand that I may be contacted by text, telephone, e-mail or letter where this is necessary for the conduct of the study, and I may be offered an interview.
7. I consent to my child's GP notes being reviewed by a member of the study team or practice staff for the purpose of this study.
8. I agree to my child taking part in the above study.

Name of parent

on behalf of:

Name of child

Parent's signature

Date

Name of person taking consent

Date

Signature

When completed: 1 (original) for study centre and scan onto child's notes, 1 for participant, 1 for site file