

IRAS Number: 212228



**CONSENT FORM**

**Parent / Guardian**

Version 1.1, 1 December 2016

Site name: \_\_\_\_\_

Trial Number: \_\_\_\_\_

Child's name: \_\_\_\_\_

(Please write child's full name in block capitals here)

**Please initial  
each line below**

1. I confirm that I have read and understand the Participant Information Sheet (Parents/Legal Representative) (version 1.1 dated 1 December 2016) 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 the use of my child's information is voluntary, and that I am free to withdraw consent at any time, without giving any reason.

\_\_\_\_

3. I understand that relevant sections of my child's medical notes and information collected during the study, held by the NHS, the Paediatric Intensive Care Audit Network or by NHS Digital, may be looked at by individuals from the sponsor organisation, the NHS Trust or the Intensive Care National Audit & Research Centre (ICNARC), where it is relevant to my child's taking part in this research.

\_\_\_\_

4. I agree to my child's participation in the study and for all information collected about their hospital stay to be used as part of this research study

\_\_\_\_

OR

I do not agree to my child's participation in the study and do not wish for any information collected about their hospital stay to be used as part of this research study

\_\_\_\_

5. I agree for my child's samples to be analysed and stored as part of this research study

\_\_\_\_

OR

I do not agree for my child's samples to be analysed and stored as part of this research study

\_\_\_\_

6. I agree for my child's GP to be informed of their participation in the study

\_\_\_\_

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7. I agree to be contacted about any future related studies \_ \_ \_
8. I agree that all information collected for the study, including samples, may be used to support other research in the future and may be shared anonymously with other researchers. \_ \_ \_

\_\_\_\_\_  
Name of parent/guardian                      Signature                      Date (PRINT)

\_\_\_\_\_  
Name of person taking consent                      Signature                      Date (PRINT)

Trial Number: \_\_\_\_\_

Contact details (only needed if agreed to point 7)	
Telephone number: _____	Mobile number: _____
Email address: _____	