

Insert Your Trust's Logo

**Comparing the effectiveness of side-lying sleep positioning to back-lying at reducing oxygen desaturation resulting from Obstructive Sleep Apnoea in infants with cleft palate.**

**Parent / Guardian Informed Consent Form, V 1.0 19 Oct 2020**

Site No. / Participant ID: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

**Please initial each of the boxes**

- |  |   |
|--|---|
| 1. I confirm that I have read the parent information sheet dated 19 Oct 2020 (Version 1.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.  | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 2. I understand that my and my baby's participation is voluntary and that I am free to withdraw my baby at any time without giving any reason, without my baby's medical care or legal rights being affected.  | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 3. I understand that my baby's sleeping position will be randomly assigned for the duration of the study and may differ from the sleeping position that is advised by our local Cleft Centre.  | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 4. I understand that relevant sections of my baby's medical notes and information collected during the study may be looked at by individuals from regulatory authorities or from the NHS Trust, where it is relevant to my baby taking part in this research. I give permission for these individuals to have access to my baby's records. | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 5. I agree to my baby's General Practitioner and Health Visitor being informed of my participation in the study.   | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 6. I agree to share my address with the courier used by the study sponsor to collect the study equipment.  | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 7. I agree for my e-mail address to be collected and stored for the purpose of this study.   | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 8. I agree for my baby to take part in the above study.  | <input style="width: 60px; height: 20px;" type="checkbox"/> |
| 9. <b>Optional:</b> I agree to be contacted regarding future research opportunities lead by the study management group or its collaborators.   | <input style="width: 60px; height: 20px;" type="checkbox"/> |

\_\_\_\_\_  
Child's Name (Print)

\_\_\_\_\_  
Parent / guardian's name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of person taking consent (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Page 1 of 1

SLUMBR2 (IRAS ID 276338) Parent / Guardian Informed Consent Form V 1.0, 19 Oct 2020  
1 copy for parent, 1 copy for researcher site file and 1 (original) to be kept in the child's medical notes.