

## Supplementary File 5. Consent Forms

### CONSENT FORM PARTICIPANTS

*For participants aged 12 – 17 years\**

I have been asked to give consent for participation in this medically scientific research.

- I have read the patient information letter. It was possible to ask questions. My questions are sufficiently answered. I had enough time to decide whether I want to participate.
- I know that my participation is voluntary. I know I can decide at any moment to end my participation without providing a reason.
- I give consent to collect and use my data for the purposes mentioned in the patient information letter.
- I know that some persons can look at my data. These persons are mentioned in the patient information letter.
- I agree to participate in this research.

#### Please tick the boxes:

- I give consent to use my data for a maximum of 15 years for comparable scientific research in the future.
- I give consent to be approached for future research.

#### Please fill in:

First and last name	_____
Date of birth	_____
E-mail address	_____
Phone number	_____
GP	_____
Date	_____ Signature _____

*\* Parents of children aged 12-15 years also have to sign 'Consent Form Parents/Guardians'*

## CONSENT FORM PARENTS/GUARDIANS

### *For parents of participants aged 4 – 15 years*

I have been asked to give consent for my child's participation in this medically scientific research.

- I have read the patient information letter. It was possible to ask questions. My questions are sufficiently answered. I had enough time to decide whether me and my child want to participate.
- I know that my participation is voluntary. I know I can decide at any moment to end my child's participation without providing a reason.
- I give consent to collect and use my child's data for the purposes mentioned in the patient information letter.
- I know that some persons can look at my child's data. These persons are mentioned in the patient information letter.
- I agree that me and my child participate in this research.

### Please tick the boxes:

- I give consent to use my data for a maximum of 15 years for comparable scientific research in the future.
- I give consent to be approached for future research.

### Please fill in:

Child's first and last name	_____	
Child's date of birth	_____	
GP	_____	
	Parent/guardian 1 *	Parent/guardian 2 *
Name	_____	_____
Date	_____	_____
Signature	<div style="border: 1px solid black; width: 150px; height: 40px;"></div>	<div style="border: 1px solid black; width: 150px; height: 40px;"></div>
E-mail	_____	_____
Phone	_____	_____

### Please tick one of the boxes below

- There is joint parental authority and both parents have signed this form
- There is joint parental authority and I have notified the other parent/guardian
- There is no joint parental authority but there is one-headed authority

*\*When the child is younger than 16 years, the parents or guardians sign this form. Children between 12 and 15 years also have to sign 'Consent Form Participants'*

