### 

**CONSENT FORM FOR PARENTS**

**(Draft Version xx / Final version 1.0: date)**

### Title of Study: xxxxxxxxxxxxxxxxxxxxxxxx

**Name of Researcher**:

**Name of Parent**:

**Please initial box**

**Name of Participant (Child):**

1. I confirm that I have read and understand the information sheet version number XXX dated XXX for the above study and have had the opportunity to ask questions.
2. I understand that my child’s participation is voluntary and that they are free to withdraw at any time, without giving any reason, and without their legal rights being affected. I understand that should they withdraw then the information collected so far cannot be erased and that this information may still be used in the project analysis.
3. I understand that relevant sections of my child’s data collected in the study may be looked at by authorised individuals from the University of Nottingham, the research group and regulatory authorities where it is relevant to our taking part in this study. I give permission for these individuals to have access to these records and to collect, store, analyse and publish information obtained from my child’s participation in this study. I understand that my child’s personal details will be kept confidential.
4. Consent for storage and use in possible future research (Optional)

I agree that the information gathered about my child can be stored by the University of Nottingham, for possible use in future studies. Any data used will be fully anonymised, and my child will not be identified in anyway.

1. I agree for my child (named above) to take part in the above study.

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# Name of Parent Date Signature

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Name of Person taking consent Date Signature

**(OPTIONAL) Section for children to give assent**

**I agree to take part in this study**

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# Name of Child (for assent) Date Signature