**Consent Form - Parent or Legal Guardian**

 

 **Oxygen in Paediatric Intensive Care**

Version 1.1, 7 August 2020

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| *To be completed by the Researcher:* |
| Hospital name: |  |
| Trial Number: |  |
| Child’s full name: |  |
| *To be completed by the Parent or Legal Guardian:* |
| Once you have read and understood each statement – if you agree, please write your initials in each box |
| 1. I confirm that I have read and understood the Participant Information Sheet (version 1.2, dated 07/08/2020) for the above research study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
 |
| 1. I understand that participation is voluntary, and that I am free to withdraw consent at any time, without giving any reason and without my legal rights being affected.
 |
| 1. I agree for the inclusion of my child’s information in the study
 |
| 1. I understand that relevant sections of my child’s medical records and

data collected during the study (including name, date of birth, postcode and NHS number), held by the NHS or by NHS Digital, may be looked at by individuals from the NHS Trust, the Intensive Care National Audit & Research Centre (ICNARC), NHS Digital or regulatory authorities where it is relevant to my participation in this research. I give permission for these individuals to have access to my child’s records. |
| 1. I agree that the information collected for the study may be shared with other researchers in an anonymised form to support future health research.
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| 1. I would like to be contacted about any future related studies.
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| --- | --- | --- | --- |
| Your signature: |  | Date:  |  |
| Your full name (PRINT):  |  |  |  |
|  |  |  |  |
| Researcher signature: |  | Date:  |  |
| Researcher full name (PRINT): |  |  |  |

*1 copy for parent/guardian; 1 copy for Investigator Site File; 1 copy to be kept with hospital notes*