

FIRST-line support for Assistance in Breathing in Children

B-Consent Form - Parent or Legal Guardian

Version 1.24, 1748 JanuaryJune 20202019

To be completed by the Researcher:

Site name:	
Participant 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 1.24, dated 27/11/201918/06/2019) for the above research study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="text"/> |
| 2. 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. | <input type="text"/> |
| 3. I agree to continue to participate in this research study. | <input type="text"/> |
| 4. 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. | <input type="text"/> |
| 5. I agree that the information collected for the study may be shared with other researchers in an anonymised form to support future health research. | <input type="text"/> |
| 6. I would like to be contacted about any future related studies. | <input type="text"/> |

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