**Participant Consent Form – for parents and guardians**

|  |  |
| --- | --- |
| Project title: |  |
| Principal investigator (PI): |  |
| Researcher: |  |
| PI contact details: |  |

**Please tick yes or no for each of these statements.**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes** | **No** |
| **1.** | I confirm that I have read and understood the Participant Information Sheet for the above study, that I have had the opportunity to ask questions, and that any questions I had were answered to my satisfaction. |  |  |
|  |  | **Yes** | **No** |
| **2.** | I understand that my child’s participation is voluntary; that my child can withdraw or I can withdraw my child at any time without giving a reason. Withdrawing will not affect any of my or my child’s rights. |  |  |
|  |  | **Yes** | **No** |
| **3.** | I agree to my child being video recorded / being audio recorded [delete as appropriate]. |  |  |
|  |  | **Yes** | **No** |
| **4.** | I consent to my child’s anonymised data being used in academic publications and presentations. |  |  |
|  |  | **Yes** | **No** |
| **5.** | I understand that my anonymised data can be stored for a minimum of two years |  |  |
|  |  | **Yes** | **No** |
| **6.** | I allow my child’s data (including audio / video recordings [delete as appropriate] to be used in future ethically approved research. (Note: even if you say ‘no’ to this, your child can still participate in the study, but the video / audio data will only be seen by the research team). |  |  |
|  |  | **Yes** | **No** |
| **7.** | I agree to my child taking part in this study. |  |  |

If you **give permission** for this study, please fill out the sections on the next and **return this form to the researchers**.

If you **DO NOT** wish to give permission, **you do not need to do this**. We will not ask your child to participate.

|  |  |
| --- | --- |
| Full name of participating child: |  |
| Child’s date of birth (DD/MM/YYYY): |  |
| Your relationship to the child: |  |
| Your name (please print clearly): |  |
| Contact telephone number: |  |
| E-mail address: |  |
| Signature: |  |
| Date (DD/MM/YYYY) |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of person taking consent |  | Date |  | Signature |
|  |  | dd/mm/yyyy |  |  |