**Parent/Guardian Consent Form**

Centre/Site Name (if applicable):

Study Protocol Number:

**Full Title of Project:**

Name of Principal Investigator:

Child’s Name: ………………………………………………………….

*Add/Delete/Amend clauses as appropriate* **Please Initial Box**

|  |  |
| --- | --- |
| 1. I confirm that I have read and understood the participant information sheet dated ............................ version ............ for [Enter Full Title of Project] and have had the opportunity to ask questions which have been answered fully. |  |
| 1. I understand that my child’s participation is voluntary, and I or my child are free to withdraw at any time, without giving any reason and without any legal rights nor treatment / healthcare being affected. |  |
| 1. I understand that sections of my child’s medical notes may be looked at by responsible individuals from [company/ institution name], the NHS Trust or from regulatory authorities where it is relevant to my child taking part in this research. |  |
| 1. I give / do not give (delete/mark as applicable) consent for information collected about my child to be used to support other research or in the development of a new test, medication, medical device or treatment [delete as applicable] by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). |  |
| 1. **OPTIONAL -** I give / do not give (delete/mark as applicable) consent for samples (human tissue) collected about my child to be used to support other research or in the development of a new test, medication, medical device or treatment [delete as applicable] by an academic institution or commercial company in the future, including those outside of the United Kingdom (which Imperial has ensured will keep this information secure). |  |
| 1. I understand that tissue samples and / or data collected are a gift donated to Imperial College and that I nor my child will not personally benefit financially if this research leads to an invention and/or the successful development of a new test, medication or treatment. |  |
| 1. I give / do not give (delete/mark as applicable) consent to my child being contacted about potentially taking part in other research studies. |  |
| 1. I agree to my child taking part in the (Enter Full Title of Project) study. |  |
| 1. **OPTIONAL** - I agree / I do not agree to the tissue samples being collected to be used in genetic research which may have the potential to generate data that can be tracked back to my child. |  |
| 1. **OPTIONAL -** I understand that should my child reach the legal age of consent during the trial (UK: 16 Years of Age) that they will be re-consented to the study and their consent will override my consent on their behalf. |  |

|  |  |
| --- | --- |
|  |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent / Legal Signature Date

Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person taking consent Signature Date

1 copy for participant 1 copy for Principal Investigator, 1 copy for hospital notes.

To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format.