**Parent/Guardian Consent Form**

Centre Number (if applicable):

Study Protocol Number:

**Full Title of Project:** Enter Full Title of Project

Name of Principal Investigator:

Child’s Name: ………………………………………………………….

This study has been explained to me by: *(delete as appropriate)*

Prof/ Dr/ Mr/ Mrs/ Ms ………………………….……………………………….

**Please initial box**

*Add/delete/amend clauses as appropriate]*

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| 1. I confirm that I have read and understand 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 any of my child’s medical notes may be looked at by responsible individuals from [company/institution name], from 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 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 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 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 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 my tissue samples being used to undertake genetic research which may have the potential to generate data that can be tracked back to my child. |  |

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Name of parent / legal Signature Date

guardian

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Name of person taking consent Signature Date

(if different from Principal Investigator)

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Principal Investigator 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