

PARENT OR GUARDIAN'S CONSENT FORM

Title of Project: **British Association of Dermatologists' Biological Interventions Register**

Names of Researchers:

Please initial box

1. I confirm that I have read and understand the information sheet dated 14/05/09 (version 4) for the above study and have had the opportunity to ask questions. ☐
2. I understand that my child's participation is voluntary and that they are free to withdraw at any time, without giving any reason, without their medical care or legal rights being affected. ☐
3. I understand that my child's record will be flagged on the National Health Service Information Centre, I give permission for these individuals to have access to their records. ☐
4. I agree that my child can complete the questionnaires and other survey forms about their health. ☐
5. I agree that my child's specialist Dr _____ may provide the researchers with information from their Health Records that is relevant to this Study. ☐
6. I agree to my child's information, from which they can be identified, being held by the research Team at Manchester University Medical School together with data collected during the study. ☐
7. I agree for my child's name to be registered on the national database as explained to me by _____. ☐
8. I understand that relevant sections of my child's medical notes and data collected during the study may be looked at by individuals from University Of Manchester, their representatives/ agents, the regulatory authorities and individuals from the Hospital. I give permission for these individuals to have access to my child's records. I also understand that this data may be exported out of the UK ☐

Name of patient

Name of Person with parental
responsibility for the patient

Date

Signature

Name of Person
taking consent

Date

Signature

Researcher

Date

Signature

1 copy for patient; 1 copy for researcher; 1 copy to be kept with hospital notes