

RESEARCH ID:

MAGENTA

Managed Activity Graded Exercise in Teenagers and pre-Adolescents

Consent to study for parent/carer

Please fill in this form to consent for your child to take part in the MAGENTA study

Parent/carer name: Parent/carer initials: Relation to child:	Please initial each box below IF you consent for your child to take part in the study
I have read the information pack and spoken with a clinician and a member of the research team. I understand the study and I have had the opportunity to ask questions.	
I understand that it is mine and my child's choice about whether or not to take part in this study. I understand my child or I can withdraw my child at any time, and this will not affect their treatment at the centre.	
I agree that a member of the research team can contact me or my child by telephone and email if my child has not completed their follow up questionnaires.	
I agree for the data collected during the study to be retained and used by University of Bristol's School of Social and Community Medicine for research and teaching purposes now and in the future, where they can use mine and my child's anonymised quotes in reports and publications.	
I understand that relevant sections of his/her care record and data collected during the study may be looked at by responsible individuals from Royal United Hospitals bath or from regulatory authorities, where it is relevant to them taking part in the research. I give permission for these individuals to have access to these data.	
I agree that my child can join the MAGENTA study.	
Signature of parent/carer:	Today's date:

YOUR CHILD'S GP DETAILS

Name of GP: Practice name: Practice address:

RESEARCH TEAM

Name of person taking consent:	
Role:	
Signature:	Today's date:

We will give you a copy of this consent form and a copy will be kept in your child's medical notes at the Royal United Hospitals Bath NHS Foundation Trust. The original will be kept in a locked filing cabinet in a locked office in the University of Bristol.