

Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

CFS/NHS/PAEDIATRICS - Specialist help for ME.

Parental consent to child interview: SMILE

Specialist Medical Intervention & Lightning Evaluation

Please complete this if your child is under 16 years old. Please initial boxes if "yes"

I confirm that I consent to my child being interviewed about their prior knowledge and their experiences of participating in this study.	<input type="checkbox"/>
I understand that the interview will be audio-recorded but that they can switch off the recorder or stop the interview without having to give an explanation.	<input type="checkbox"/>
I understand that small parts of what they say may be quoted anonymously when the results of this part of the research are reported.	<input type="checkbox"/>
I confirm that I and they have had the opportunity to ask any questions about this interview.	<input type="checkbox"/>

Please fill in the information below:

Your name:	Interviewer's name:
Signature:	Signature:
Your Child's name:	
Today's date:/...../20.....	Today's date:/...../20.....



THANK YOU!

