

# Royal National Hospital

## for Rheumatic Diseases

NHS Foundation Trust

**CFS/NHS/PAEDIATRICS** - Specialist help for ME.

**Parental consent form: SMILE**

**Specialist Medical Intervention & Lightning Evaluation**

**Please tick boxes if “yes”**

I have read the leaflet about the study. I understand what the study is about and have had the chance to ask questions.	<input type="checkbox"/>
I understand that it is mine and my child’s choice about whether or not to take part in the study and that it is ok for my child to withdraw from the study at any time.	<input type="checkbox"/>
I have discussed the study with the research nurse and agree to join the study.	<input type="checkbox"/>
I agree that my child’s school attendance records may be checked.	<input type="checkbox"/>
I agree that my child’s GP can be told that my child is taking part.	<input type="checkbox"/>

**If you agree to take part, please fill in the information below:**

Your name: .....	Your child’s name: .....
Signature: .....	
Today’s date: ...../...../20.....	Today’s date: ...../...../20.....
Researcher’s name: .....	
Signature: .....	Today’s date: ...../...../20.....

**If you have decided not to take part it would be useful for us to know your reasons (though you do not have to tell us if you don’t want to). Please continue overleaf if necessary.**

We will give you a copy of this consent form. A copy will be kept in your child’s notes and a copy in a locked filing cabinet in a locked office in the University of Bristol. An encrypted password protected database will be created to store personal details. This will be kept on a secure NHS server in the Royal National Hospital for Rheumatic Diseases. All interview transcripts will be linked to you via an ID code on separate lists. The list linking the code will be kept in the University of Bristol with the consent forms.



**THANK YOU!**

