

Royal National Hospital for Rheumatic Diseases



NHS Foundation Trust

CFS/NHS/PAEDIATRICS - Specialist help for ME.

Parental consent to study: SMILE

Specialist Medical Intervention & Lightning Evaluation

Please initial 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"/>

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.....



THANK YOU!

