EEPRIS STUDY CONSENT FORM

If you have any questions you wish to ask before you sign this consent form, contact the study team on: Tel: **0117 331 4598** or **eepris-kids@bristol.ac.uk**

IRAS Project ID: 180097

(Please use block capitals to fill in):

Child's first names:	Child's surname:	Child's DOB:	Child's gender: **M / F**	Child's GP surgery

Please write your INITIALS in these boxes to confirm that you agree with each statement

1. I have read and understand the study information sheet (version 5, 2016-02-11). I have considered the information and had the opportunity to contact the team with questions (answered satisfactorily if applicable). ☐☐
2. I understand that the participation of my child (named above) and me is voluntary and we are free to withdraw at any time, without giving reason, without our medical care or legal rights being affected. ☐☐
3. I agree to receive, check and reply to weekly contact from the study team via email to confirm my child's respiratory illness status (cough, cold, or ear infection) over the spring. ☐☐
4. I agree to provide information online for the study (via phone, tablet or desktop). ☐☐
5. I agree to my GP being informed of my child's participation in this study. ☐☐
6. If my child (named above) develops respiratory symptoms during the study, I agree to a nurse visit to conduct a routine physical examination of my child and collect saliva and nasal swabs from my child, and for me to collect saliva and nasal swabs at the same time, and again when my child is better. ☐☐
7. If my child (named above) develops respiratory symptoms in the study, I agree to answer online questions while s/he is ill, and receive reminders (by text/email/telephone) from the study team to do this. ☐☐
8. I give permission for the medical notes of my child (named above) to be accessed by members of the EEPRIS Study team for data collection relevant to taking part in this research. I understand that this may also include regulatory authorities (for study monitoring purposes only). ☐☐
9. I understand that information collected for this study will be held securely under provisions of the 1998 Data Protection Act; electronic files in encoded format; paper files stored securely at the University. ☐☐
10. I agree to the use of my child's and my anonymised data in reports and publications of the study. ☐☐
11. I understand that this is research, not medical care. I will see my GP for health concerns about me or my child as normal. ☐☐
12. I agree for me and my child (named above) to take part in the EEPRIS study. ☐☐

Please note that you can still participate whether or not you agree to the following four statements:

1. Our anonymised information can be stored for possible use in future projects by other researchers. ☐☐
2. My child's left-over study samples may be stored anonymously (any identification linking me and my child to the sample is destroyed) and may be analysed in future genetic research. ☐☐
3. My child's left-over samples may be stored anonymously (any identification linking me and my child to the sample is destroyed) and may be analysed in future non-genetic research. ☐☐
4. I agree to take part in one audio-recorded interview (of up to forty five minute duration) if I am selected for interview after participating - about my experiences of the study and the wider aims of this research. ☐☐

PARENT/ CARER DETAILS (Please use block capitals to fill in):

Title:	First name:	Surname:	Preferred name (if applicable):	Gender: **M / F**
Postal address:				Post code:
Mobile number:	Landline number:	Email address:		
Can we leave answer messages (e.g. to remind you to complete questionnaires)?		On your mobile: **Y / N**	On your landline: **Y / N**	

I confirm that I have legal responsibility for the child named above and s/he is registered as a full (not temporary) patient at the GP practice named above.

Signature of parent/carer:		Date: __ __ / __ __ / 2 0 __ __ (D D / M M / Y Y Y Y)

University of BRISTOL NHS NIHR Public Health England