The University Of Sheffield. | Clinical Trials Research Unit.

HydroDMD

Hydrotherapy for Duchenne muscular dystrophy
PARENT/LEGAL GUARDIAN CONSENT FORM

Participant (child) study Number: ______________

Please initial

1. I confirm that I have read and understand the information sheet dated ………… (version ……………) for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that participation is voluntary and that I am free to withdraw at any time, without giving a reason, without my child's medical care or legal rights being affected. ☐
3. I understand that sections of any of my child's clinical record and data collected during the study may be looked at by individuals from The University of Sheffield, from regulatory authorities or from the NHS Trust, where it is relevant to taking part in the research. I give permission for these individuals to have access to my child's records. ☐
4. I consent to participation in a 30-40 minute interview about the treatments and trial in six months' time (optional) I understand that the interview will be recorded. ☐
5. My name and address will be given to authorised members of the University of Sheffield research team in order for them to contact me and some named documents will be sent by post. ☐
6. I agree to my child's GP being informed of participation in the study. ☐
7. My child has had the study explained to them, and they wish to take part. ☐
8. I understand that the information collected may be used for further ethically approved research. ☐
9. I give my permission to be contacted regarding follow-up research in the future. ☐
10. I agree to my child taking part in the above study. ☐

Name of child: ____

Name of parent/guardian: ____

Signature of parent/guardian: ________________________ Date: __ / __ / __

Signature of researcher: ________________________ Date: __ / __ / __

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in the medical notes.