



Patient ID:

## PARENT/LEGAL GUARDIAN CONSENT FORM

### The SABRE trial of hypertonic saline in acute bronchiolitis

Name of researcher (person taking consent): .....

Please initial each box

1. I confirm that I have read and understand the information sheet dated ..... (version .....) for the above study and have had the opportunity to ask questions.

2. I understand that my child's participation is voluntary and that I am free to withdraw my child at any time, without giving any reason, without my child's medical care or legal rights being affected.

3. I understand that information from my child's medical notes and other hospital data will be used by the nurses and doctors at the hospital and researchers at the University of Sheffield for the purposes of the study, as well as the regulatory authorities. I give permission for these individuals to have access to my child's records.

4. I agree to my child's GP being informed of participation in this study.

5. I agree to my child taking part in the above study.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of researcher  
(person taking consent)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

\_\_\_\_\_  
Signature

1 copy for parent; 1 copy for researcher; 1 copy to be kept with hospital notes