ARTIC PC

PARENT/GUARDIAN CONSENT FORM

Patient Identification Number for this project: ☐

To confirm agreement with each of the statements below, please initial the box

1.	I confirm that I have read, understood and have had time to consider the information sheet version [ ] dated [ ] and I 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.	**For children doing the main ARTIC PC study:** I agree for my child to take part in the above study that includes taking the study medicine. **Or** I agree for my child to be part of the 'observational study' which will not include taking the study medicine.	☐ ☐
4.	Child throat swab: a) I agree to my child having a throat swab. b) I understand, and agree to, data relating to my child's donated throat swab samples being stored electronically. c) I consent to the storage and use, for approved infectious research projects in the future if there is any surplus swab sample.	☐ ☐ ☐
5.	Child finger prick blood test: a) I agree to my child having a finger prick blood test. b) I understand, and agree to, data relating to my child's donated samples being stored electronically (blood sample). c) I consent to the storage and use, for approved infectious research projects in the future if there is any surplus blood sample.	☐ ☐ ☐
6.	I agree to my child having a chest x-ray	☐
7	I agree to my child having a lung function test after 28 days (age >6 years)	☐
8.	I understand that sections of my child's medical notes may be looked at by responsible individuals from the ARTIC study team from the Universities of Southampton, Oxford, Cardiff and Bristol and NHS trusts where it is relevant	☐
9.	I agree to be contacted to consider taking part in an interview about my experiences relating to the study.	☐
10.	If my child is not recruited at my usual GP surgery I agree to them being told about my child's participation in the study	☐
11.	I am willing for strictly anonymised information about my child's participation in this study to be shared with other researchers.	☐

_____	_____	_____
Name of Patient's Parent or Guardian	Name of Child	Signature of Parent/Guardian & Date
_____		_____
Name and Surgery of Researcher taking consent		Signature of Researcher & Date

Practice Staff: Please post the white copy to the research team in the FREEPOST envelope, give the green copy to the parent/guardian, the blue copy to accompany the blood samples and the pink copy for your ISF.

This study has been approved by South-West Central Bristol 15/SW/0300 ethics committee and is funded by the National Institute for Health Research Health Technology Assessment programme (project number 13/34/64)