ASYMPTOMATIC
Assessing SYmptom-driven versus Maintenance Preventer Therapy for the Outpatient Management of AsThma In Children

NHS
Alder Hey Children's
NHS Foundation Trust

Participant study code:

Parent/Person with parental responsibility consent form

V4.0 09-10-23 IRAS ID: 297649

Once you have read each statement please write your initials in the box

Example:
I confirm that I have read and understood the information sheet for this study EX

1. I confirm that I have read the information sheet dated [date and version number] for the ASYMPTOMATIC study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my child's participation is voluntary and that they are free to withdraw at any time without giving any reason, without their medical care or legal rights being affected.
3. I understand that relevant sections of my child's medical notes, and data collected during the study, may be looked at by individuals from CPRD, from regulatory authorities or from the NHS Trust, where it is relevant to my child taking part in this research. I give permission for these individuals to have access to my child's records.
4. I understand that this trial will capture personal information from my child's medical records throughout the NHS for the duration of the study. This includes my child's GP records and hospital records, linked to central databases such as NHS Digital and the Office of National Statistics.
5. I give permission for the research team from CPRD, the University of Liverpool and Bangor University, and from regulatory authorities, where it is relevant to my child taking part in this research, to access my child's records for the purposes of the trial (even after my child's incapacity or death)
6. I understand that the information collected about my child will be used to support other research in the future, and may be shared anonymously with other researchers.
7. I agree to my General Practitioner being involved in the study, including any necessary exchange of information about my child between my GP and the research team.
8. I understand that my child's data will be retained for a maximum of 15 years at the University of Liverpool and that these will be stored confidentially.
9. I give permission for a copy of this consent form, that will include my name, my child's name and my email address, to be sent to the Clinical Practice Research Data link team to allow confirmation that my consent was given.
10. I agree to be contacted by email to receive study specific information and study surveys.
11. I agree to my child taking part in the above study.

Please continue on the next page...

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To be completed by the parent/person with parental responsibility:

Please provide your email address so that we can send you the study questionnaires

To be completed by the parent/person with parental responsibility:

Email Address:

If you would also like to get SMS reminders for study questionnaires please provide your mobile number or tick "I do not want SMS reminders"

Mobile number: I do not want SMS reminders ☐

Your child's full name (please print):

Your child's date of birth: / /

Your full name (please print):

Your signature: Date: / /

If consent was given over the telephone leave parent signature blank and researcher to complete the following questionsL

If consent was completed verbally by telephone (parent must have capacity to consent and parental responsibility) :

Date of the telephone call : / /

Name of person who completed the telephone call: _____

Role in study (delete as appropriate): Study team at GP practice / central study team/ CRN staff

To be completed by the researcher

after the parent/person with parental responsibility has signed or signed or given verbal consent.

Researcher full name (please print):

Researcher signature: Date: / /

Site Name:

Please ensure that the participant study code, available in IRSP, is added to the top of each page of this consent form

Once both the parent and researcher have completed the consent form, three copies should be taken; the original should be filed in the Investigator Site File, 1 x copy in the participant medical notes, 1 x copy given to the parent(s) and 1 x copy returned to CPRD.