



PRISM



University of Oxford
Department of Primary Health Care

Old Road Campus, Headington, Oxford OX3 7LF, UK
Tel: 01865 289310

E-mail: prism-study@dphpc.ox.ac.uk
Fax: 01865 289287

Patient IDNO:

ASSENT FORM FOR CHILDREN (version 1 7/7/2006)
(to be completed by the child and their parent/guardian)

PRISM: The Primary Care Streptococcal Management Study

MREC Number: 06/Q1702/111

Name of Researcher: Prof David Mant, Prof Paul Glasziou

Child (or if unable, parent on their behalf) /young person to circle all they agree with please:

- | | |
|---|--------|
| Have you read (or had read to you) about this project? | Yes/No |
| Has somebody else explained this project to you? | Yes/No |
| Do you understand what this project is about? | Yes/No |
| Have you asked all the questions you want? | Yes/No |
| Have you had your questions answered in a way you understand? | Yes/No |
| Do you understand it's OK to stop taking part at any time? | Yes/No |
| Are you happy to take part? | Yes/No |

If any answers are 'no' or you **don't** want to take part, **don't** sign your name!

If you do want to take part, please write your name and today's date

Your name

Date of Birth

Your signature

Date

Your parent or guardian must write their name here too if they are happy for you to do the project

Print Name

Signature

Date

Address & Postcode

Telephone Number

Thank you for your help.

If this form is signed within the GP practice, then we ask for the practice staff to post the white copy to the researchers in Oxford (FREEPOST envelope provided), keep the pink copy for your information and give the blue copy to the patient.

If this form is signed by the patient at home then we ask that the patient put the white and pink copies in the FREEPOST envelope and post them to the researchers, the blue copy is for the patient to keep.

Send with the parent consent