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PRISM

Patient IDNO:

PARENT CONSENT FORM (version 3 29/9/2006)

PRISM: The Primary Care Streptococcal Management Study

MREC number:06/Q1702/111

Name of Researcher: Prof Paul Little, Dr Ian Williamson, Dr Michael Moore

Please initial box

1. I have read and understand the information sheet dated 29/9/2006 (version 3) for the study and have had a chance to ask questions.
2. I understand that taking part is up to me and my child and that my child is free to withdraw at any time without giving any reason, without my child's medical care or legal rights being affected.
3. I understand that parts of my child's medical records to do with the study may be looked at by responsible individuals from the University of Southampton or from regulatory authorities where it is relevant to taking part in research. I give permission for these individuals to have access to my records.
4. I agree for my child to take part in the above study.

Name of Child

Child's Date of Birth

Signature

Name of Parent

Signature

Date

Address & Postcode

Patient Phone Number

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 Southampton (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.