

Parent/Guardian consent form

NESSTAC patient identification number:

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Consent form



NESSTAC randomised controlled trial

Please put your initials in the box:

1. I have read and understand the NESSTAC randomised controlled trial information sheet dated and have had the opportunity to ask questions.
2. I understand that I do not have to take part in the NESSTAC randomised controlled trial. I also understand that I can opt out at any time, without giving a reason, and without this affecting my child's medical care or legal rights.
3. I understand that sections of my child's medical notes, including their GP records, may be looked at by responsible individuals from Newcastle University. I give permission for these individuals to have access to my child's records.
4. I agree to my child being included in the NESSTAC randomised controlled trial.
5. I agree to the information provided in this study being managed by the University of Newcastle.

Name of parent
(Please PRINT name and give title eg Mr/Mrs/Ms/Miss)

Date

Signature

Name of person taking consent

Date

Signature

To be filled in by ENT consultant

Name of child.....

Child's hospital:.....

Child's hospital number:.....

Child's ENT consultant:.....

Signed:..... Date:.....