



CONSENT FORM (Parent / Guardian)

Virus Shedding Study

Virus shedding and environmental deposition of novel A(H1N1) pandemic influenza virus

Patient Identification Number for this trial: _____

Please initial boxes

1. I confirm that I have read and understood the information sheet for the above study, dated 06 August 2009 (version 1.1). 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 members of the research team, responsible individuals from the University of Nottingham (inspectors) or regulatory authorities where it is relevant to his / her taking part in this research. I give permission for these individuals to have access to their records
4. I agree to my child's GP/hospital clinician being informed of their taking part in the study.
5. I agree to my child taking part in the study.

Name of person

Date

Signature

Name of person taking consent

Date

Signature