

Child's name	
Study number	
PARENT/CARER CONSENT FORM	
Study Title	Bronchiolitis of Infancy Discharge Study (BIDS)
Principal Investigator	

<i>Please initial box</i>	
1. I confirm that I have read and understood the information sheet dated 16/05/11 (Version 2.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily	<input type="checkbox"/>
2. I understand that the participation of my child/ward is voluntary and that I am free to withdraw him/her at any time, without giving any reason, without his/her medical care or legal rights being affected	<input type="checkbox"/>
3. I understand that sections of my child/ward's medical notes may be looked at by responsible individuals from the University of Edinburgh and NHS Lothian where it is relevant to my child taking part in research I give permission for these individuals to have access to my child/ward's records	<input type="checkbox"/>
4. I understand that data from the study will be stored for up to 10 years and may be used in the future for similar studies.	<input type="checkbox"/>
5. I agree to my child/ward's GP being informed of his/her participation in the study	<input type="checkbox"/>
6. I agree for my child/ ward to take part in the above study	<input type="checkbox"/>

Parent/carer signature			
PRINT NAME		Date	
Relationship to child			
Researcher signature			
PRINT NAME		Date	