

# Pregnancy Component: Baby Consent Form

**EDITOR** 

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# Acknowledgements

The Life Study Pregnancy Component participant materials were developed by the Life Study scientific leadership team and approved by the City and East London Research Ethics Committee: REC reference12/LO/1492.

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Caring at its best

Consent form for babies (at 6 months) v2.0 Approved Date: 21/03/2014

Participant Identification (ID) Number*:	
Family Identification (ID) Number:	

# **Consent Form**

Title of Project: Life Study

## Child's name\*

### Child's date of birth\*

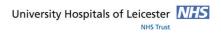
Please put your initials in the 'Confirmed?' box to indicate agreement

	TAKING PART IN LIFE STUDY	CONFIRMED?
1*	I have read and understood the Life Study Participant Information for Mothers with Babies 27/03/2015 (version 4.0). I have had the opportunity to consider the information and ask questions.	
2*	I confirm that I am the parent or legal guardian of this child.	
3*	I agree to my child taking part in Life Study.	
4*	I understand that agreeing to my child's participation in Life Study is voluntary and that I am free to withdraw consent at any time without giving any reason.	
5*	I give permission for individuals from regulatory authorities and the sponsoring organisation <sup>1</sup> to have access to my child's medical records and information collected for Life Study to monitor the study and check that it is being carried out correctly.	
6	I give permission for staff to make a film-recording (using a camera) of my child and for this recording to be stored long-term <sup>2</sup> and used for research purposes.	
7*	I understand that none of my child's results will be given to me (except for some measurements if available at the visit).	
8	I give permission for collection, long-term <sup>2</sup> storage and use of my child's biological samples for health-related research purposes (even after my incapacity or death), and give up all rights to these samples which I am donating to Life Study.	
9	I agree to my GP being informed of my child's participation in Life Study.	
10*	I agree to be contacted in future about Life Study.	

<sup>&</sup>lt;sup>1</sup> The authorised persons will all have a duty to keep your data confidential.

<sup>&</sup>lt;sup>2</sup> Long-term means for many years to come; more than 10 years.







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	INFORMATION FROM RECORDS (CHILD)	CONFIRMED?
	HEALTH	
11*	I give permission for Life Study to obtain information for research purposes from my child's health-related records and registers; information about my child's NHS registration, birth and death, health status, treatment and use of health services, including records held by the National Health Service (NHS)³, GPs, other healthcare organisations or providers, NHS Central Register³, NHS Personal Demographics Service³, Department of Health³, Office for National Statistics (England and Wales)³, National Records of Scotland³, General Register Office for Northern Ireland³ and Northern Ireland Statistics & Research Agency³.	
12*	I give my permission for information from my child's routine health records (as detailed in the Participant Information) to be released to Life Study for research purposes.	
	EDUCATION	
13	Schools I give permission for the English Department for Education <sup>3</sup> , the Welsh Department for Children, Education, Lifelong Learning and Skills <sup>3</sup> , the Scottish Government Education Directorate <sup>3</sup> , or the Department of Education/Education and Skills Authority in Northern Ireland <sup>3</sup> , or the relevant departments holding these data, to provide information from my child's educational records to Life Study.	
14	Further Education I give permission for the Data Service <sup>3</sup> and Department for Business, Innovation & Skills <sup>3</sup> , or the relevant departments holding these data, to provide Life Study with information from my child's education and training records.	
15	Higher Education I give permission for the Universities and Colleges Admissions Service <sup>3</sup> and the Higher Education Statistics Agency <sup>3</sup> , or the relevant departments holding these data), to provide Life Study with information from my child's education records.	

Name of person with Parental responsibility	Date	Signature
Staff member name	Date	Signature

 $<sup>^{3}</sup>$  This will include any successor or succeeding department/organisation holding these data.