Parent/carer consent form

Dental Practice to complete

Site ID:

Participant ID:

CALM project

It is your choice whether your child or both you and your child wish to take part in the CALM project, please place your initials in each of the boxes below, sign and date this form.

- 1. I confirm that I have read and understand the Parent/Carer information sheet version 1.2 dated 14/02/2022 and have had the opportunity to ask questions about the project which have been answered to my satisfaction.
- 2. I understand that my participation, and my child's participation, is voluntary and that we are free to withdraw at any time without giving any reason, and without my child's dental care or legal rights being affected.
- 3. I agree to institutions listed on page 4 of the information sheet holding copies of my consent form, questionnaires, and my contact details to send me documents about the project.
- 4. I understand that relevant sections of my child's dental records, and data collected during the project, may be looked at by individuals from the institutions listed on page 4 of the information sheet, from regulatory authorities or from the NHS Trust, where relevant. I give permission for these individuals to have access to my child's records.
- 5. I understand that the information collected about me and my child will be used to support other research in the future and may be shared anonymously with other researchers.
- 6. I agree for my child to take part in the CALM project.

Please initial each box







Initials



Optional statements:

- 7. I agree to being contacted about an interview to talk about my child's dental *Initials* treatment.
- 8. I agree to take part in the CALM project myself, as my child's parent/carer

Print forename	Print surname	
Name of parent/carer		
	/ / 2 0 Date	Signature Signature of parent/carer
Print forename	Print surname	
Name of child/young person		
Address		
Postcode		
Preferred contact telephone number		
E-mail address		
Print name	/ / 20	Signature
Name of person taking consent (please print)	Date	Signature of person taking consent

Original to be kept at the dental practice, one copy to be returned to YTU, University of York; one copy given to participant.

