



Pregnancy Component: Baby Consent Form

EDITOR

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Acknowledgements

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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 ¹ 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 ² 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 ² 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.	

¹ The authorised persons will all have a duty to keep your data confidential.

² 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 Register ³ , NHS Personal Demographics Service ³ , Department of Health ³ , Office for National Statistics (England and Wales) ³ , National Records of Scotland ³ , General Register Office for Northern Ireland ³ and Northern Ireland Statistics & Research Agency ³ .	
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 ³ , the Welsh Department for Children, Education, Lifelong Learning and Skills ³ , the Scottish Government Education Directorate ³ , or the Department of Education/Education and Skills Authority in Northern Ireland ³ , 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 ³ and Department for Business, Innovation & Skills ³ , 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 ³ and the Higher Education Statistics Agency ³ , 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
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Staff member name	Date	Signature
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³ This will include any successor or succeeding department/organisation holding these data.