

CONSENT ID:

MAGENTA

Managed Activity Graded Exercise in Teenagers and pre-Adolescents Consent to contact for participants 16-17 years

Please complete this form if you would like further information about the study

I have received the information pack about the study and I agree for the research team to contact me.

Your name:

Your signature:

(please print your full name above if you are filling this consent form in online/via email)

Today's date:

Your home address:

Your email address:

Your telephone number:

Your mobile number:

Your date of birth:

How would you prefer to be contacted:

Face to face meeting? **Yes / No** By telephone? **Yes / No**

If by telephone, when is the best time to contact you?.....

Consent to Record Discussion

I agree that my discussion with research staff about the study can be recorded and for notes to be taken. **Yes / No**

I understand that I can switch off the tape recorder or stop the discussion without having to give an explanation. **Yes / No**

CLINICAL TEAM

Name of person taking consent:

Role:

Signature:

Today's date: