

**CONSENT ID:**

# MAGENTA

## Managed Activity Graded Exercise iN Teenagers and pre-Adolescents

### Assent to contact for participants 8-15 years

**Please fill in this form if you would like to hear more information about the study**

I have been given an information sheet about the study and I would like to speak with the research team to hear more information.

**Please write your name:**

**Please write today's date:**

#### 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

<b>Name of person taking consent:</b>	
<b>Role:</b>	
<b>Signature:</b>	<b>Today's date:</b>