

CONSENT ID:

# MAGENTA

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

### Consent to contact for parent/carer

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

Your name:

Your child's name:

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

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 home telephone number:

Your mobile number:

Your child's 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: