

Centre for Academic Child Health
Bristol Medical School
University of Bristol
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Bristol BS8 1NU

<http://www.bristol.ac.uk/academic-child-health/>

Participant Number:

Name of Researcher:

Discussion Date:

CONSENT FORM PARENT/CARER

FLASH glucose monitoring for young people with diabetes:

Please initial all boxes

1. I confirm that I have read the information sheet dated 29/09/21 (version 1.2) for the above study. I understand the study and have had the chance to ask questions.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, and without my child's care or legal rights being affected.
3. I understand the study involves a discussion via video-link/telephone. The discussion will be audio-recorded and transcribed by a university-approved provider.
4. I understand that the discussion will be confidential and the things I say will not be linked back to me or my child. The only reason for a researcher to break confidentiality would be due to concerns about someone being in danger of harm.
5. I give permission for the researchers to use my/my child's anonymous quotes from the discussion in their publications and other materials that result from this study and I understand that I will not be identifiable in these.
6. I give permission for mine and my child's anonymised discussion to be used in future studies by approved researchers (data with an ID number only, not my name or other identifying details). Please note this is optional, please let the researcher know verbally if you do not give consent to this clause.
7. I agree to take part in the above study.

Please turn to next page ...

_____	_____	<u>verbal consent captured on audio-recorder</u>
Name of Participant	Date	
_____	_____	<u>verbal consent captured on audio-recorder</u>
Name of researcher taking consent	Date	

Filing note: 1 emailed PDF for participant; 1 PDF for researcher site file.