Children’s Health Queensland Hospital and Health Service Participant Consent Form

**Parent/Guardian**

I have read the above information. I have asked all of my questions and received answers. I agree to enroll my child in this study.

Signature of Parent/Guardian Date

**CHIEF INVESTIGATOR**

I have fully explained to the parent/guardian ........................................................................ the nature and purpose of the program and the procedures to be employed as described above and such risks as are involved in their performance, and I have provided the parent/guardian with a copy of the Patient Information Sheet.

Signature of Investigator Date

Print Name Position

**INDEPENDENT WITNESS**

I have witnessed the receipt of a Patient Information Sheet by the parent/guardian and exchanging of information between the investigator and the parent/guardian about the study.

*An auditor witness would optimally discuss the study with the subject and witness the subject signature*

Signature of Witness Date

Print Name Position

IF DEEMED APPROPRIATE:

**PARTICIPANT**

I have read the above information. I have asked all of my questions and received answers. I agree to take part in this study.

Signature of Child/Adolescent Date