The Effect of SMS Reminders on Child Health in New Parents

Consent to Contact Form

I give permission for the research team to contact me about participating in the above study when my baby is over 2 weeks old.

I understand providing my details today does not mean I have consented to participate in the study.

I understand that if I choose to be involved in the study I will be required to complete an online consent form.

Name:
Telephone numbers:
Home:
Mobile:
Email address:
Preferred method of contact: Home phone ☐ Mobile ☐ Email ☐
Preferred time of contactam/pm
Expected due date:
☐ I consent to be contacted by a member of the research team
Signature Date

THANK YOU FOR YOUR TIME AND CONSIDERATION