

Consent to Participation in Research

- Participant Consent Form

Title of Project: **The use of intermittent short-term selective head-neck cooling for the management of acute concussion and post-concussion syndrome**

Project Supervisor: **Professor Patria Hume**

Researchers: **Dr Doug King**

- I have read and understood the information provided about this research project in the Information Sheet dated DD MMMM YYYY;
- I have had an opportunity to ask questions and to have them answered;
- I agree to participate in the research;
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way;
- I understand that in the event of a medical situation the information obtained as part of this research project may be used to assist in my medical care and that my identified legal guardian, next-of-kin or parent will be informed of the situation;
- I am not suffering from heart disease, high blood pressure, any respiratory condition (mild asthma excluded), any illness or injury that impairs my physical performance, or any infection or concussion.
- I understand that if I withdraw from the study then I will be offered the choice between having any data that is identifiable as belonging to me removed or allowing it to continue to be used. However, once the findings have been produced, removal of my data may not be possible;
- I wish to actively participate in the research / be part of the control group (please delete one)
- I wish to receive a copy of the report from the research: (tick one): Yes No

Participant's signature:

Participant's name:

Date:

Project Supervisor Contact Details:

Professor Patria Hume

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Approved by the Auckland University of Technology Ethics Committee on **type the date final ethics approval was granted**, AUTEK
Reference number **type the reference number**

Note: The participant should retain a copy of this form