

**Database of Children
with Serious and Potentially Life Threatening Conditions**



**Data Storage Consent Form
For parent/ person with parental responsibility**

Statement of professional taking consent

I can confirm that I am authorised to take consent because:

I have been trained and assessed as competent to take consent in line with the Trust Consent Policy

Please initial
box

I have read, understood and been trained in the nature and purpose of the project

Statement of parent or carer

I confirm that I have read and have understood the information sheet for the above project. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily

Please initial
box

I understand that inclusion of my child's data on the Database is voluntary and that I am free to withdraw consent at any time without giving any reason. If I do withdraw consent my child's medical care and legal rights will not be affected in any way.

I understand that data stored on the Database may be looked at by individual from regulatory authorities or from the NHS Trust where it is relevant to the purpose of the Database. I give permission for these individuals to have access to my child's data.

I understand that neither my child nor I will not be identified or identifiable in any report subsequently produced relating to this project

Please select one of the following options

I agree to take part in the above project

I do not agree to take part in the project

I am not able to make a decision at present, but would be prepared to be contacted again in no less than 6 months' time

Name of child or young person Date Signature

Participant Name Date Signature

Name of Person taking consent Date Signature

Project Leader Date Signature

The contact details of the Project Lead are:

Dr Lynda Brook
C/O Oncology Unit, Alder Hey Children's Hospital, Eaton Road, Liverpool L12 2AP
0151 252 5187
Lynda.Brook@alderhey.NHS.UK



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Project Leader

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