

**ASPECTS study: Acute Stress Programme for Children and Teenagers**

Please initial box

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

2. I understand that our participation is voluntary and that we are free to withdraw at any time without giving any reason, without our medical care or legal rights being affected.

3. I understand that relevant sections of medical notes and data collected during the study from both me and my child may be looked at by individuals from the research team where it is relevant to our taking part in this research. I give permission for these individuals to have access to my records.

4. I agree to both me and my child taking part in the above study.

5. I agree to a researcher contacting me after the end of this study about possible future research and follow up about my child.

.....  
Name of Patient's parent or carer                      Date                      Signature

.....  
Name of Person taking consent                      Date                      Signature

Status of relationship (e.g. mother): .....

Optional - you and your child can still take part in the research if you do not agree to the following:

i. I agree to my child providing saliva samples which will be used in gene analysis.

ii. I agree to my child's genes being stored after the study so that testing could be carried on them in future (with ethics committee permission).

.....  
Name of Patient's parent or carer                      Date                      Signature

(When the form is completed, 1 is for the participant; 1 for researcher site file; 1 (original) to be kept in medical notes.)