



PARENT CONSENT FORM

Participation in physical activity by
young people with physical disability
RESEARCH STUDY

Please tick the box for Yes or No YES NO

I have read and understood the Study Information Leaflet about this research project. The information has been fully explained to me and I have been able to ask questions, all of which have been answered to my satisfaction.

I understand that my child does not have to take part in this study and that we can opt out at any time. I understand that I don't have to give a reason for opting out and I understand that opting out won't affect my child's future care or services.

I am aware of the potential risks, benefits, and alternatives of this research study.

I have been given a copy of the Study Information Leaflet and this completed consent form for my records.

I consent to have my child take part in this research study having been fully informed of the risks, benefits and alternatives.

I give informed explicit consent to have my child's data processed as part of this research study.

I consent to be contacted by researchers as part of this research study.

I consent for my child to submit a painting/drawing/image "what sport sport/physical activity means to me" if they wish to do so.

I understand the purposes for which this image/painting/drawing will be used as outlined in the study information leaflet and I have permission to submit this image where there are other people clearly visible.

STORAGE AND FUTURE USE OF INFORMATION

OPTION 1:

I give permission for material/data to be stored for possible future research **related** to the current study **without further consent being required** but only if the research is approved by a Research Ethics Committee.

OPTION 2:

I give permission for material/data to be stored for **possible future research unrelated** to the current study **without further consent being required** but only if the research is approved by a Research Ethics Committee.

OPTION 3:

I understand I **will not be entitled to a share of any profits** that may arise from the future use of my material/data or products derived from it.

Participant (Child's) Name

Parent/Guardian Name

Parent/Guardian Email

Parent/Guardian Signature

Date

To be completed by the Principal Investigator or nominee.

I, the undersigned, have taken the time to fully explain to the above parent/guardian the nature and purpose of this study in a way that they could understand. I have explained the risks involved as well as the possible benefits. I have invited them to ask questions on any aspect of the study that concerned them.

Signature

Date