

CONSENT FORM

Northern Ireland Caries Prevention in Practice (NIC-PIP) Trial

Participant ID: _____ Participant DOB: _____

Participant Initials: _____ Gender: _____

Please Initial box if you are in agreements with the statements

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| 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. | <input type="checkbox"/> |
| 2. | I understand that my child's participation is voluntary and that she/he is free to withdraw at any time without giving any reason and without his/her care or legal rights being affected in any way. | <input type="checkbox"/> |
| 3. | I confirm that my child has not had severe asthma requiring a stay in hospital or any other allergic condition requiring a stay in hospital. | <input type="checkbox"/> |
| 4. | I confirm that my child is not currently taking part in any other clinical research study. | <input type="checkbox"/> |
| 5. | I understand that data collected during the study may be looked at by individuals from the University of Manchester, the Belfast Health and Social Care Trust, the Northern Health and Social Care Trust or from regulatory authorities where it is relevant to my child's participation in this research. I give permission for these individuals to access this information. | <input type="checkbox"/> |
| 6. | I agree that my child can receive a dental examination in school as part of the above study. | <input type="checkbox"/> |
| 7. | I agree that my child can take part in the above study. | <input type="checkbox"/> |

Name of Person with Parental Responsibility

Date

Signature

Name of Person Taking Consent

Date

Signature

When completed, 1 copy for person with parental responsibility; 1 copy for master file; 1 (original) to be kept in dental notes.