*(Form to be on headed paper)*

IRAS ID:

Centre Number:

**Low-dose atropine eye drops to reduce progression of myopia in children: a multi-centre placebo controlled randomised trial in the United Kingdom (CHAMP UK)**

# PARENT INFORMED CONSENT FORM

**Child's name:** _____

| | **Please Initial box** |
|---|---|
| 1. I confirm that I have read and understand the Parent Information Sheet for the above study dated XX$^{XX}$ XXX 20XX (Version X.0) and website dated XX$^{XX}$ XXX 20XX (Version 1.0) and have been given a copy to keep. I have had the opportunity to ask questions and discuss what the study would involve for my child and understand why the research is being done and any foreseeable risks involved. | ☐ |
| 2. I confirm that I have parental responsibility for the child named above. | ☐ |
| 3. My child has indicated that they would like to participate in this research study and has signed an informed assent form. | ☐ |
| 4. I understand that my child's participation is voluntary and that he/she is free to withdraw at any time, without giving any reason, without his/her eye care or legal rights being affected. | ☐ |
| 5. I understand that my child's medical notes and other patient information systems, and the data collected during the study may be reviewed by responsible individuals from the clinical research facility, local Health and Social Care Trust, trial co-ordinating centre, sponsor or regulatory authorities, where it is relevant to my child taking part in this research. I give permission for these individuals to have access to my child's eye | ☐ |

health records. I agree to information related to this research being retained at the Northern Ireland Clinical Trials Unit (NICTU) at the Belfast Health & Social Care Trust (BHSCT).

6. I have to the best of my knowledge, informed the investigator of my child's previous or current illnesses and medication. My child is not currently participating in any other myopia control intervention. ☐
7. I give permission for my child's information recorded to be analysed in strict confidence by responsible people from the study team. ☐
8. I give permission for my child's eye health checks to be carried out by doctors and optometrists from the study team. ☐
9. I agree to the data we provide being used in an anonymised format in publications and at conferences and understand that my child will not be personally identified. ☐
10. I agree to my child's GP being informed of his/her participation in the study. ☐
11. I agree to complete some questionnaires with my child five years after the study has ended. ☐

**I agree to my child taking part in the above study**

| _____ | _____ | _____ |
|---|---|---|
| **Name of Parent** | **Date** | **Signature** |
| _____ | _____ | _____ |
| **Name of Person taking consent** | **Date** | **Signature** |