



Patient RaDaR No:	
Patient First name, Last name:	
Patient Address:	
Patient NHS No/CHI No:	

## Parent/Guardian Consent Form (for patients aged 0-15)

If you agree, please initial box

		Guardian Information Sheet dated(Version). formation, ask questions and have had these answered	
		cal care or legal rights being affected.	
be looked at by indiv	iduals from RaDaR, from	d's medical notes and data collected during the study, may n regulatory authorities or from the NHS Trust, where it is give permission for these individuals to access their	
	child's past, present and anonymously with other r	d future data will be used for ongoing and future research researchers.	
	personal identifiers (incli	d to other data sources as described in the Information luding NHS number and Date of Birth) will be used to	
	information held and ma ase Group Lead to conta	aintained by RaDaR will be used by the central RaDaR act me.	
7. My child has provided part in RaDaR.	d verbal assent to partici	ipate (where age appropriate) and I agree for them to take	
Name of signatory	Date	Signature	
Relationship to participant	(please tick): Parent:	Guardian:	
Name of Person receiving consent	Date	Signature	