

Centre Code:

Study number:

*Use patient label*

Patient name:

Date of birth:

Hospital Number:

## Consent Form - Parents/Guardians

**Title of Project:** Critically ill children and young people: do national Differences in access to Emergency Paediatric Intensive Care and care during Transport affect clinical outcomes and patient experience? The DEPICT study

**Name of Chief Investigator:** Dr Padmanabhan Ramnarayan **Principal Investigator:**

Please  
initial box

1. I confirm that I have read and understand the parent/guardian information sheet version 3 dated 20/11/2017 for the above study and been given a copy to keep. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that participation is voluntary, and that I am free to withdraw consent at any time, without giving any reason and without my child's medical care or legal rights being affected.

3. I understand that relevant sections of any of my child's hospital notes and data collected during the study may be looked at by responsible individuals from Great Ormond Street Hospital NHS Foundation Trust or from regulatory authorities, where it is relevant to my taking part in this research. I give permission for these individuals to access my child's records.

4. I agree to complete a questionnaire relating to the transport of my child to intensive care.

5. I agree to receive a reminder to complete this questionnaire from the study team two weeks after signing this consent form (if it has not been returned by then). Preferred contact details below.

6. I agree to be contacted by a researcher from Great Ormond Street Hospital to discuss whether I would like to participate in an interview at a later date. Preferred contact details below.

7. I agree to be contacted by a researcher to discuss whether I would like to complete follow up questionnaires in 12 months time. Preferred contact details below.

8. I agree for the research team to request information regarding my child's transport from the Paediatric Intensive Care Audit Network (PICANet) database.

Preferred contact details:PHONE \_\_\_\_\_ EMAIL: \_\_\_\_\_

Name of parent/guardian or legal representative

Signature

Date/Time

Name of person taking consent

Signature

Date/Time