

Appendix H. DNSIYCS Consent form

MRC Human Nutrition Research

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CONSENT FORM FOR THE NATIONAL INFANT DIET AND HEALTH STUDY

Serial Number:

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First Name:

Sex

Male
Female

1
2

Date of birth:

DAY	MONTH	YEAR

PHYSICAL MEASUREMENTS

MREC Reference Number: 09/H0305/101

Name of Lead Investigator: Alison Lennox

I _____ being the legal parent/guardian of _____
(subsequently referred to as "child") hereby give my permission fully and freely for my child to participate in the Infant Diet and Health study.

Please initial the relevant box

YES NO

- | | | |
|--|--------------------------|--------------------------|
| 1. I confirm that I have read and understand the information sheet entitled 'National Infant Diet and Health Study' – Information for parents dated 30 October 2009 (version 1.0) for the above study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The purpose and procedures have been explained to me by the interviewer. I have had the opportunity to ask questions and have had these answered satisfactorily. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I agree for my child to have body weight measurements taken as part of the above study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I agree for my child to have body length measurements taken as part of the above study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I agree for my child to have head circumference measurements taken as part of the above study. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. <i>I understand that my child's participation is voluntary and that I am free to withdraw him/her at any time, without giving any reason.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Name of Parent/guardian <i>(Please print)</i>	Date	Signature
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Name of Interviewer	Date	Signature
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