



Consent Form

(CHERISH) Children's Health, Respiratory Inflammation and Short-term Air Pollution

Queen Mary Ethics of Research Committee reference number: QME25.1220

PLEASE **SIGN EACH BOX** TO SHOW YOU HAVE READ AND AGREE WITH THE FOLLOWING AND **SIGN AND DATE** AT THE BOTTOM OF THE PAGE:

PLEASE SIGN THESE BOXES

1. I confirm I have read the parent information sheet (V1.2 23.10.2025) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.
2. I understand that my child's participation is voluntary and that my child is free to withdraw at any time, without giving a reason, and without their care or legal rights being affected.
3. I agree for my child to take part in health checks at their school, comprising measurement of height, weight, lung function, and immune response.
4. I agree for my child to take part in the PE lesson and science workshop
5. I understand that Queen Mary University of London will use information about my child in order to undertake this study and will act as the data controller for this study.
6. I understand that the information collected about my child may be shared completely anonymously with other researchers to support future non-commercial research.
7. I understand I may be contacted in future to consider further health assessment studies of my child.
8. I agree for my child to take part in the above study.

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If you have any questions relating to data protection, please contact Data Protection Officer, Queens' Building, Mile End Road, London, E1 4NS or data-protection@qmul.ac.uk or 020 7882 7596.

WRITE YOUR NAME, DATE AND SIGN HERE:

Name of Parent or legal guardian

Date

WRITE YOUR CHILD'S NAME, DATE AND ASK THEM TO SIGN HERE:

Name of Participant (child)

Date

LEAVE THIS FOR THE RESEARCHER TO COMPLETE:

Name of person taking consent

Date

Please sign in this box:

Parent/guardian's Signature

Ask your child to sign in this box:

Child's Signature

Signature