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**Development of a robust and reliable pulse oximeter for use by frontline healthcare providers  
caring for children with pneumonia in low-income countries  
CONSENT FORM**

*This study (Project ID: 15HC31) has been given favourable review for conduct in the NHS by: XXXX  
Research Ethics Committee on date YYYY*

**Name of Child:**

Please initial all boxes

1. I confirm that I have read and understand the information sheet dated XXX (version 1.0) for the above study. I have had the opportunity to consider the information and ask questions and I have had my questions answered satisfactorily. ☐
2. I understand that my child's participation is voluntary and that I am free to withdraw consent for my child to participate at any time without giving any reason, without my child's medical care or legal rights being affected. ☐
3. I understand that information provided for this study will be treated as strictly confidential and handled in accordance with the Data Protection Act 1998. I am assured that no personal identifying information will be kept which could link my child to any data recorded. ☐
4. I understand that data collected during the study may be looked at by individuals from Great Ormond Street Hospital, or from regulatory authorities. I give permission for these individuals to have access to my child's records. ☐
5. I give permission for my child to take part in this study ☐

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

*You will be given a copy of this information sheet and signed consent form for your records.  
Thank you for your time.*