



Parental Consent Form

Chief Investigator: Julie Johnson

Principal Investigator:

[We recommend you use an electronic consent form if you do not require any personal identifying information – see [electronic consent form](#)]

GUEP/NICR Approval Number [8017]

Participant number [Insert]

Research Project Title: The Breakfast Rise, Education and Knowledge study in children and young people who have Type 1 Diabetes (T1D): The BREAK study.

		Please initial box
1	I confirm that I have read and understood the Participant Information Sheet for parents/carers dated 08/10/2022 version 2 explaining the above research project and I have had the opportunity to ask questions about the project.	
2	I understand that my child's participation is voluntary and that my child is free to withdraw at any time during the study without giving a reason, and without any penalty. I understand that data collected up to the point of withdrawal will still be used in the study.	
3	I understand that my child's responses will be kept anonymous using the participant number and I give permission for members of the research team to have access to my child's anonymised responses.	
4	I give permission for my child's Healthcare professional to collect information about my child from my child's medical records and that this will be shared with the research team.	
5	I agree for research data collected in the study to be given to the researchers, I understand that any data that leave the research group will be fully anonymised so that my child cannot be identified.	
6	I understand that my child's General Practitioner (GP) will NOT be informed of my participation in this study. I understand my child's diabetes team will be informed. If the researcher has any concerns regarding information about my child and any measurements that are taken as part of this research, I will be advised to contact my diabetes team or GP.	
7	I give permission for the research team to see my child's CGM readings for the duration of this study	
8	I understand that my child's personal data (your email address, their date of birth and the artificial identifiers) will be kept for 6-12 months after the end of the study.	
9	I agree for my child to take part in this study.	

Name of Participant

Date: [Click here to enter a date](#)

Name of Parent consenting

Date: [Click here to enter a date](#)

Name of Principal Investigator

Date: [Click here to enter a date](#)

Signature:

Signature:

When completed: 1 for parent, 1 for Principal Investigator site file, 1 to be filed in medical notes, 1 for Chief Investigator