

ID: FR ____ / ____ / ____

Parental Consent/Child Assent Form

Principal Investigator: Dr. Esther van Sluijs

Please answer the following questions by placing your **initials** in the box next to the appropriate response.

**Please
Initial**

1. I confirm that I have read and understand the information sheet (version 1.2, dated Jan-2018) for the above study and have had the opportunity to ask questions.	
2. I have discussed participation in the project with my child and my child would like to participate in the project.	
3. I understand that my child can choose to opt out of any measurement listed in the information sheet (version 1.2, dated Jan-2018) and that opting out of any measurement does not necessarily mean that my child is withdrawing from the study.	
4. I understand that my child's participation in this project is voluntary and that my child can withdraw from the study at any time without a reason should they choose.	
5. I understand that if my child would like to withdraw from the project, it does not necessarily mean my family will be withdrawn from the project; so long as one family member is still happy to participate.	
6. I understand that the information gathered about my child will be looked after and stored securely by the MRC Epidemiology Unit, University of Cambridge and its collaborators, and may be used anonymously in future projects.	
7. I agree for my child to participate in the FRESH project	

Full name of child (*please print*)

Date (DD/MM/YY)

Child's signature

Full name of parent/carer
(*Please print*)

Date (DD/MM/YY)

Parent/Carer signature

Full name of researcher
(*Please print*)

Date (DD/MM/YY)

Researcher signature