



ROYAL HOLLOWAY, UNIVERSITY OF LONDON - MAGNETIC RESONANCE IMAGING UNIT

CONSENT FORM FOR PARENTS/ GUARDIANS

NAME OF PARTICIPANT

DATE OF BIRTH PARTICIPANT:

Please read the following statement carefully and then add your signature. If you have any questions, please ask the person who gave you this form. You are under no pressure to give your consent and you and your child are free to withdraw from the MRI examination at any time.

I (PRINT NAME OF PARENT/ GUARDIAN HERE) agree for my child (PRINT NAME OF CHILD HERE) to participate in an MRI examination conducted for research purposes

by (name of researcher)

on(name of project).

- I understand that the examination is not part of any medical treatment.
- We have completed two screening forms, and we were given an opportunity to discuss any issues arising from them.
- The nature of the examination has been explained to me and my child, and we have had an opportunity to ask questions about it.
- I consent to a specialist and my child's UK general practitioner being contacted in the unlikely event that the scan reveals any suspected abnormality.

Signature

Date.....

WITNESS:

Statement by a witness, who must be either an authorised person or a scientific collaborator who is familiar with the experimental procedure and is able to answer questions about it.

I certify that the above parent/ guardian signed this form in my presence. I am satisfied that the parent/ guardian fully understands the statement made and I certify that he/she had adequate opportunity to ask questions about the procedure before signing.

Signature.....

Date.....

Name

Address of witness (if not an Authorised Person):