



UNIVERSITY OF CAMBRIDGE

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PARENTAL CONSENT FORM
Family Thinking Skills

If you would like to participate in this study, then please complete this consent form and return in the envelope provided.

Name:

Your Child's Name.....

Please circle one:

Table with 3 columns: Statement, Yes, No. Rows include: I agree to participate in this study, I have read the information letter and understand the aim of the project, I have the name and email of the researchers (see study information letter), I understand that: (bullet points about tasks, confidentiality, withdrawal, data use, ethical approval).

Signature

Name (please print)

Date

This section will be removed once the form is complete.

Please provide:

Address

Phone

Email