

**CONSENT FORM - SleepSmart**

*Please tick the box to indicate agreement with the following statements*

1. I have read and understood the information booklet. I have had the opportunity

to ask questions and have had any queries answered satisfactorily.

1. I understand that my child’s participation is voluntary and I am free to withdraw

my child from the study at any time, without giving any reason.

1. I give permission for my child to take part in this study.
2. I know that information obtained will be strictly confidential and anonymised.
3. I agree to parts of the assessment sessions with my child being audio

recorded and I understand that these recordings will be stored securely

and disposed of 10 years after the project ends.

1. I would like to take part in a follow up assessment for the SleepSmart

study in the future.

1. I am happy to be contacted about future research studies.
2. During the study a series of assessments will be completed with your child. You are able to receive feedback on these if you wish. Please indicate below which measures about your child you **would** like to receive feedback on. Please tick as applicable:
   1. standardised cognitive assessments
   2. sleep monitoring equipment

Please be aware that all data is from a one-off research study rather than an in depth clinical assessment, and therefore cannot be used for diagnostic purposes.

Name of Child.............................................................Date of Birth................................................

Name of School...........................................................................................................................

Name of Parent/Guardian………………………………………Relationship to child ………………………………….

Email:.…………………………………………………………………………………………............................................

Address: ………………………………………………………………………………………...........................................

Telephone Number: ………………………………………………………………………………………........................

Signature of Parent/Guardian……………………………………………...........Date.....................................