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**The Raine Study – 16 Year Follow Up**  
**Primary Caregiver consent form (parent assessment)**

I, \_\_\_\_\_ have read the Family Information Sheet explaining the 16 year old follow up. Any questions asked have been answered to my satisfaction.

Withdrawal from the study at any stage will be possible and will not interfere with access to routine care.

I agree that the research data gathered from the results of this study may be published, provided that names are not used.

I agree to participate in the following parts of the study (please tick and initial as appropriate):

	Yes	No
Primary caregiver questionnaire	<input type="radio"/>	<input type="radio"/>
Height, weight and blood pressure measurement	<input type="radio"/>	<input type="radio"/>
Blood test (measurement of fats, glucose, insulin and antibodies )	<input type="radio"/>	<input type="radio"/>

Dated \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signed \_\_\_\_\_

I, \_\_\_\_\_ have explained the above study to the signatory who states that he/she understand the same.

Signed \_\_\_\_\_ (Investigator)