



FORM OF CONSENT - RAINE STUDY - PARENT/CHILD

I, _____ have read the Parent Information Sheet explaining the eight 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 my son/daughter _____ participating in the following parts of the study (please circle as appropriate):

- | | | |
|---|-----|----|
| - Clinical examination/developmental assessment | yes | no |
| - Exercise test | yes | no |
| - Blood test for fats/iron/diabetes | yes | no |

Dated _____ day of _____ 199__

Signed _____ (Parent/Guardian)

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

Signed _____ (Investigator)