



PARENT CONSENT FORM - RAINE STUDY

I, _____ have read the Parent Information Sheet explaining the ten 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):

- | | | |
|---|-----|----|
| - Physical examination, measurement | yes | no |
| - Tests of vocabulary, reasoning ability, speech and language development, and coordination | yes | no |
| - School survey – questionnaires for the school principal and classroom teacher | yes | no |
| - Procurement of Year Five Western Australian Literacy and Numeracy Assessment results | yes | no |

Dated _____ day of

Signed _____ (Parent/Guardian)

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

Signed _____ (Investigator)