bsaci
improving allergy care
through education, training and research

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BSACI Registry for Immunotherapy

Child Participant Registry Consent / Assent Form (Parent)

		Please Initial
1	I confirm that I have read and understand the Registry participant information sheet dated **1st October 2018 (Version 1.0).** I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.	
2	I understand that my child's participation is voluntary and that they/I are free to withdraw at any time, without giving any reason, without their medical care or legal rights being affected. If they/I withdraw their consent their data will be removed from the Registry.	
3	I understand that information about my child collected from their medical notes and the registry may be looked at by a small number of responsible individuals from the NHS Trust / Private Hospital or the regulatory authorities. I give permission for these individuals to have access to their records.	
4	I have completed a **Participant Identifiers Form (Version 1.1 Dated 16th October 2018**). I agree to this personal identifiable information being held by the registry. (You can also choose not to provide this information if you prefer.)	
5	I understand that non-identifiable information collected about me may be used to support other research in the future, and may be shared anonymously with the regulatory authorities and the pharmaceutical company that holds the Marketing Authorisation for the UK in the event of an adverse reaction, or with researchers in the UK or abroad.	
6	I agree for the Registry to contact me by email a. To see if my treatment is working Yes ☐ / No ☐ b. With newsletters and updates about the registry Yes ☐ / No ☐	
7	I agree to take part in this Registry.	

BSACI Registry for Immunotherapy

Child Participant Registry Consent / Assent Form (Parent)

Parental consent

Name of Patient		
Name of Parent	Signature	Date
Name of Person Taking Consent	Signature	Date

Child assent

Name of Patient	Signature	Date

One copy for the participant, original to be filed in the medical notes

BSACI do not require a copy of this consent form