

National Registry of Rare Kidney Diseases (RaDaR)

Parent/Guardian Consent Form

Patient Identification:
 (please affix Hospital Label if available)

First Name
 Last Name
 NHS No/CHI No
 D of B

Please initial the box if you agree with the statement

I have read the information sheet and have had an opportunity to ask questions about RaDaR.	
I understand that my child's participation in RaDaR is voluntary and that we can withdraw at any time without giving a reason. I also understand that this agreement will lapse when my child reaches 18 years of age when they can choose to consent on their own behalf.	
I understand that relevant sections of my child's medical record may be looked at by individuals from RaDaR and regulatory authorities and NHS Trusts where it is relevant to taking part in research. I give permission for these individuals to have access to my child's records.	
I agree that RaDaR can contact me through my child's doctor with information about patient events and research projects relevant to my child's condition.	
I agree that my child's GP will be informed of their participation in RaDaR.	
I agree for my child to participate in RaDaR.	

Your name..... Date.....

Your signature.....

Researcher's name Date.....

Researcher's signature

Consent obtained in person/by post (delete as applicable)

Thank you for your help.

Copies: 1 for patient, 1 for the site file, original in hospital notes