**Forest school INterventions for Children’s Health (FINCH): a feasibility cluster randomised control trial**

# **Interview Consent Form (Parent/Carer consent for Child Discussion Group)**

Version 1.0: 11 March 2025

**Please read the following statements and write your initials in each box if you agree with the statement.**

|  |  |
| --- | --- |
| **Participant ID (Child):**  | **Initials** |
| **1** | I confirm that I have read the Participant Information Sheet dated **11 March 2025 (Version 1.0)**  |  |
| **2** | I confirm that I have had the opportunity to ask questions, discuss the discussion group process and have received satisfactory answers. |  |
| **3** | I confirm that I have enough information about the study and understand what the discussion group involves for my child. |  |
| **4** | I understand that my child’s participation is voluntary and that they are free to leave the discussion group, without giving any reason. Should my child withdraw, the information collected so far cannot be deleted and that this information may be used in the analysis. |  |
| **5** | I give permission for the study research group to collect, store, analyse and publish information obtained from my child’s participation in the discussion group. I understand that my child’s personal details will be kept confidential.  |  |
| **6** | I understand that the research team will store my personal details to contact me about my child’s participation in the discussion group. I give my permission for this information to be kept so I can be contacted if required. |  |
| **7** | I understand that the anonymised information collected about my child may be used to support other research in the future and may be shared with other researchers. |  |
| **8** | I give permission for the discussion group to be recorded. I am aware that the recording will be permanently destroyed after the transcription process and that during the transcription all identifiable information (e.g., names) will be removed. |  |
| **9** | I am aware that anonymised quotes may be extracted from the transcriptions and reported in study outputs. I understand that no identifying information will be linked with any quotes used.  |  |
| **10** | I am aware that all information my child shares will be treated in confidence. In the unlikely event any information is shared which poses a significant risk to health/life the relevant authorities will be informed in collaboration with the individual in question.  |  |
| **11** | My child is happy to take part in the interview. |  |
| **12** | **I agree to the above statements, and I agree for my child to take part in the study.** |  |

**Parent Name:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Parent Signature:**

\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

**Child’s Name**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Child’s School**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**

**Date:**

**\_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_**