

PARENT/GUARDIAN CONSENT FORM for Sixth Formers participation in RAISED IN YORKSHIRE and ‘YUK -Oral Bugs’ Project

<<Insert School name >>

Full Name (Child) **Class**

Please only add your initials to the boxes where you agree with the statement

I acknowledge that I have read and understood all the information in the parent/guardian information sheet provided. I have had the opportunity to consider the information and ask questions if needed

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I understand that I have a choice over which activities described in Section 4 of the parental information sheet I agree to provide consent for my child to take part in.

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1 CLASS ROOM SESSION Oral health Knowledge Surveys

I give consent for my child to complete the oral health questions as part of the oral health education sessions

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2. DENTAL ASSESSMENT

I acknowledge that I have read and understood all the information in the parent/guardian information sheet provided about the dental assessments.

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I confirm that my child is not immunosuppressed and does not have any severe bleeding conditions (e.g., haemophilia)

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I give consent for my child to have dental assessments at school.

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3 SALIVA SAMPLING – YUK Oral Bugs Project

I acknowledge that I have read and understood all the information regarding saliva (spit) sampling in the parent/guardian information sheet.

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I understand that the saliva sample will not have my child’s name on it; it will have a unique study ID number with the code securely stored separately.

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I give consent to collect a saliva sample from my child

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I give consent for my child’s saliva sample to be stored securely the School of Dentistry University of Leeds designated freezer for up to 1 year post the end date of the RiY Programme (30/09/2029). After this time, the sample will be destroyed following appropriate Standard Operating procedure.

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Please only add your initials to the boxes where you agree with the statement

4 PHOTOGRAPHY

I acknowledge that I have read and understood all the information regarding taking photographs/video in the parent/guardian information sheet.

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I understand that any photographs/video will follow my child's School's policy on taking and the use of photos/videos.

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I consent to the RiY University of Leeds team taking photographs that include my child to promote to other school children, scientists, and dental health professional how they have been working in partnership with my child's school to improve oral health.

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5 FEEDBACK SESSION

I consent to the recording of my contribution to the focus group discussion and understand that the discussion will be transcribed by individuals from Leeds School of Dentistry for analysis

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I understand the relevant data collected during this study may be looked at by individuals from Leeds School of Dentistry, University of Leeds, where it is relevant to my taking part in this research. I give permission for these individuals to have access to this data.

☐

Signature

Signature Date

Full Name
(Parent/Guardian)

Relationship to
child
