

IMPROVING UNDERSTANDING OF FEBRILE INFECTION RELATED EPILEPSY SYNDROME (FIRES)

**Consent Form
(Parent/Carer/Guardian of children 2-15 yrs old)**

Name of Chief Investigator: Dr Wright

This form can be translated to Welsh upon request

Please initial boxes

1.	I confirm that I have read and understand the Participant Information Sheet [Version 3, dated 23 May 2023] for the above study. 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 we are free to withdraw at any time during the study, without giving a reason and without our legal rights being affected.	
3.	I understand that I am able to withdraw my child's data up to 15 days after taking part in the study by contacting the research team, after this time my child's data will be anonymised and we will no longer be able to withdraw.	
4.	I agree for my child's cerebrospinal (CSF) samples being donated (only if already stored) for use in research and any samples remaining at the end of the study being used in anonymised form for future research.	
5.	I agree for my child's identifiable medical records (EEG recordings, MRI scans, patient clinical data e.g. medications) being assessed by the research team. I understand that all these data will be anonymised for any further use outside the research team.	
6.	I agree to my child's personal data and data relating to them collected during the study being processed as described in the Participant Information Sheet.	
7.	I agree to my personal data being processed for the purposes of inviting me to participate in the follow up study and future research projects. I understand that I may opt out of receiving these invitations at any time.	
8.	I understand that the information and samples collected from my child may be used to support other, ethically approved research in the future and may be shared anonymously with other researchers.	
9.	I understand how to contact the research team if needed.	
10.	I agree to take part in this study.	

Name of participant

Date

Signature of parent/carers/guardian

Name of person taking

Date

Signature

consent.

If you wish to receive a lay summary of the research project upon its completion, please provide an email address to which the summary can be sent.

Email address:
