



**CONSENT FORM**  
**Parental Permission for Children participation**

**THIS FORM WILL BE HELD FOR A PERIOD OF 10 YEARS**

Project title: **BerriQi for post respiratory infection recovery in kids**

Principal Investigator: Dr Starin McKeen  
 Co-Investigators: Dr Doug Rosendale  
 Co-Investigators: Ms Emma Graham  
 Co-Investigator & Study Manager: Dr Aahana Shrestha

I have read the Participant Information Sheet and I have understood the nature of the research. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I consent voluntarily for my child to participate in this research.
- I have had the opportunity to use support from a family (whānau) member or a friend to help me ask questions and understand the research.
- I understand that my child is free to withdraw participation at any time, but the data already collected and processed will still be analysed
- I **wish/ do not wish** (please circle) to receive the summary of findings. I understand that there may be a delay between data collection and the publication and availability of the research results.
- I understand that the results from this study will be used for scientific publication, presentations, media release and marketing purpose.
- I understand that data will be kept for 10 years once the youngest participant turns 16, after which they will be destroyed.
- I, the undersigned, certify that I am the parent or legal guardian of the child and that I have the right to make decisions for my child that affect his/her well-being.

Name of the parents/local guardian \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Researcher’s Signature \_\_\_\_\_ Date \_\_\_\_\_

APPROVED BY THE HEALTH AND DISABILITY ETHICS COMMITTEE ON  
 18<sup>th</sup> July 2024 Reference Number: **2024 FULL 20075**