Children’s Health Queensland Hospital and Health Service Parent/Guardian Consent Form

**Project Title:**

Preschool HABIT-ILE: A randomised controlled trial to determine efficacy of intensive rehabilitation compared to usual care to improve motor skills of children, aged 2 to 5 years, with bilateral cerebral palsy.

**Parent/Guardian**

I have read the above information. I have asked all of my questions and received answers. I agree to enroll my child in the following parts of this study:

🞏 Accessing my child’s previous medical records

🞏 The Therapy

🞏 Measuring Movement with Devices (ActiGraphs and Polar Optical HR Sensor)

🞏 Both Hands Assessment second retest

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Child’s Name

Signature of Parent/Guardian Date

Print Name

**CHIEF INVESTIGATOR**

I have fully explained to the parent/guardian ........................................................................ the nature and purpose of the program and the procedures to be employed as described above and such risks as are involved in their performance, and I have provided the parent/guardian with a copy of the Patient Information Sheet.

Signature of Investigator Date

Print Name Position

**INDEPENDENT WITNESS**

I have witnessed the receipt of a Patient Information Sheet by the parent/guardian and exchanging of information between the investigator and the parent/guardian about the study.

*An auditor witness would optimally discuss the study with the subject and witness the subject signature*

Signature of Witness Date

Print Name Position