**Mt Hawthorn | 6112 2977 | Hillarys | 9308 7722 | Subiaco | 6156 2800**

**info@westernkidshealth.com | hillarys@westernkidshealth.com | subiaco@westernkidshealth.com**

**CONSENT FORM FOR PARENTS/GUARDIANS**

**PLEASE NOTE THAT PARTICIPATION IN RESEARCH STUDIES IS VOLUNTARY AND SUBJECTS CAN WITHDRAW AT ANY TIME WITH NO IMPACT ON CURRENT OR FUTURE CARE.**

I, ............................................................................................................................. have read

Given Names Surname

the information explaining the study entitled “**A running training programme for children with hypermobility”.** I have read and understood the information given to me. Any questions I have asked have been answered to my satisfaction.

I agree to allow ...............................................................................................................................................

(full name of participant and relationship of participant to signatory)

to participate in the study. I understand my child may withdraw from the study at any stage and withdrawal will not interfere with routine care. I agree that research data gathered from the results of this study may be published, provided that names are not used.

Parent or Guardian’s Signature.....................................................................................................................

Dated................................. day of......................................................................, 20

I, ........................................................................... have explained the above to the signatories who stated

(Investigator’s full name)

that he/she understood the same.

Signature.......................................................................................... Date…………………………………