

Principal investigator: Professor Heidi Johansen-Berg
Heidi.johansen-berg@ndcn.ox.ac.uk , +44 (0) 1865 222548
Primary researcher: Thomas Wassenaar
Oxford telephone number: 07864 800761
Oxford e-mail: thomas.wassenaar@ndcn.ox.ac.uk



PARENT/GUARDIAN CONSENT FORM

CUREC Approval Reference: R51313

Fit to Study – Brain imaging sub-study

This project aims to test whether the nature of school PE lessons affects pupils' brain function, cognitive performance and academic attainment.

*Please initial
each box*

- | | | |
|---|---|----------------------|
| 1 | I confirm that I have read and understand the information sheet dated _____ (Version No _____) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. | <input type="text"/> |
| 2 | I understand that my child's participation is voluntary and that I am free to withdraw my child at any time, without giving any reason, without penalty or affecting my legal rights. | <input type="text"/> |
| 3 | I understand that research data collected during the study may be looked at by designated individuals from the University of Oxford where it is relevant to my child's taking part in this research. I give permission for these individuals to have access to my child's data. | <input type="text"/> |
| 4 | I agree for research data collected in this study to be given to researchers, including those working outside of the EU, to be used in other research studies. I give permission for data from this study to be used in publication. I understand that any data and/or brain images of my child that leave the Centre will be fully anonymised so that my child and I cannot be identified. | <input type="text"/> |
| 5 | I understand who will have access to personal data provided, how the data will be stored and what will happen to the data at the end of the project. | <input type="text"/> |
| 6 | I understand that if I have any concerns of complaints about the study, I can contact the Principal Investigator. | <input type="text"/> |
| 7 | I understand that this project has been reviewed by, and received ethics clearance through, the University of Oxford Central University Research Ethics Committee. | <input type="text"/> |
| 8 | I understand that this is a research scan that is not useful for medical diagnosis, and that scans are not routinely looked at by a doctor. If a concern is raised about a possible abnormality on my child's scan, my child's GP will be informed. | <input type="text"/> |
| 9 | I agree for my child to take part in the above study. | <input type="text"/> |

Optional I agree for my and my child's personal data to be kept in a secure database for the purpose of contacting my child and me about future studies.

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Name of Child

Name of Parent/Guardian

Date

Signature

Name of Person taking consent

Date

Signature

GP contact info (for use only if an incidental finding is detected on the MRI scan)

GP name: _____

Address: : _____

Telephone number: _____