

**Subject Video ID**

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**Neurological training and assessment programme**

**Parent/Guardian Consent Form**

*Please complete in black ballpoint pen*

NHS Hospital Name: .....

Child's Name: ..... Date of Birth: ..... Age at video (minutes): .....

This study has been explained to me by: Prof/ Dr/ Mr/ Mrs/ Ms .....

**Please read and confirm whether you agree or not agree to give consent for the following points below. If you require help with reading or translation of this document, please ask a member of the clinical/research team to support you.**

**Please initial box**

1. I confirm that I have read and understand the participant information sheet dated ..... version ..... for Cooling in mild encephalopathy (COMET) trial and have had the opportunity to ask questions which have been answered fully.	
2. I agree for the video recording of my baby's neurological assessment to be shared with neurology experts at Imperial College London to help improve quality assurance and training of clinicians and nurses.	
3. I agree that you may use my baby's data obtained as a part of standard clinical care for research (imaging data and aEEG).	

_____	_____	_____
Name of parent / legal guardian	Signature	Date
_____	_____	_____
Name of person taking consent	Signature	Date
_____	_____	_____
Principal Investigator	Signature	Date

1 copy for participant    1 copy for Principal Investigator    1 copy for hospital notes

*To ensure confidence in the process and minimise risk of loss, all consent forms must be printed, presented and stored in double sided format.*