

**CHILDREN'S HEALTH QUEENSLAND
HEALTH PROVIDER CONSENT FORM**



Title Why families present to a Queensland tertiary paediatric emergency department
HREC Number LNR/2018/QCHQ/49727 (Dec ver 1)
Principal Investigator Hannah Johnson and Kelsa Laughlin

Declaration by Parent/Guardian

- I have read the Health Provider Information Statement or someone has read it to me in a language that I understand.
- I understand the purposes, procedures and risks of the research described in the project.
- I have had an opportunity to ask questions and I am satisfied with the answers I have received.
- I freely agree to participating in this research project as described and understand that I am free to withdraw at any time during the research project without affecting my relationship with Children's Health Queensland Hospital and Health Service.
- I understand that I will be given a signed copy of this document to keep.

Name of Health Provider participant _____
Signature _____ Date _____

Name of Witness* to Health Provider's signature (please print) _____
Signature _____ Date _____

* Witness is not to be the investigator, a member of the study team or their delegate. In the event that an interpreter is used, the interpreter may not act as a witness to the consent process. Witness must be 18 years or older.

Declaration by Researcher

I have given a verbal explanation of the research project, its procedures and risks and I believe that the health provider has understood that explanation.

Name of Researcher (please print) _____
Signature _____ Date _____