

Consent Form for Parents or Guardians

Epilepsy Research using the Internet; an International Pilot Study Collection of information about seizures and treatment via the Internet

REQUEST FOR INTERPRETER (to be included on all consent forms)
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English	I wish to have an interpreter.	Yes	No
Maori	E hiahia ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.	Ae	Kao
Cook Island	Ka inangaro au i tetai tangata uri reo.	Ae	Kare
Fijian	Au gadreva me dua e vakadewa vosa vei au	Io	Sega
Niuean	Fia manako au ke fakaaoga e taha tagata fakahokohoko kupu.	E	Nakai
Samoan	Ou te mana'o ia i ai se fa'amatala upu.	Ioe	Leai
Tokelaun	Ko au e fofou ki he tino ke fakaliliu te gagana Peletania ki na gagana o na motu o te Pahefika	Ioe	Leai
Tongan	Oku ou fiema'u ha fakatonulea.	Io	Ikai
	Other languages to be added following consultation with relevant communities.		

- I have read and I understand the information sheet “**Epilepsy Research using the Internet; an International Pilot Study. Collection of information about seizures and treatment via the Internet**” dated 23rd January 2009.
- I understand that this study is to try to learn more about the best management for different sorts of seizures.
- I understand that information about my child’s seizures will be transmitted via a secure link to a central computer over the Internet.
- I understand that this information will be available to the paediatrician or paediatric neurologist who is involved in managing my child’s seizures.
- I understand that taking part in this study is voluntary (my choice) and that I can withdraw my child from the study at any time and this will in no way affect his / her continuing health care.
- I understand that my child’s participation in this study is confidential and that no material which could identify him / her will be used in any reports on this study.
- I have had the opportunity to discuss this study. I am satisfied with the answers I have been given. I have had time to consider whether to take part.
- I have had the opportunity to use family / whanau support or a friend to help me ask questions and understand the study.
- I understand that my child does not have to keep taking treatment if it appears to be harmful to him / her.
- I know who to contact if I have any questions about the medication or the study.

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- I agree to my child's GP or other current provider being informed of his / her participation in this study

YES / NO

- I would like other doctors in New Zealand who are participating in this International Pilot Study to have access to the information about my child's epilepsy that is stored in the database

YES / NO

- I would like to have all information about my child deleted from the database at the end of the International Pilot study

YES / NO

I _____ (full name) hereby consent for my child _____ to take part in this study.

Date

Signature

Project explained by:

Project role:

Signature:

Date

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Notes:

1. *A copy of the consent form to be retained by participant and a copy to be placed in the medical file.*