

## Consent Form for Children

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

<b>REQUEST FOR INTERPRETER</b> (to be included on all consent forms)
---

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 tetahi 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 for children **“Epilepsy Research using the Internet; an International Pilot study. Collection of information about seizures and treatment via the Internet”** dated 23<sup>rd</sup> January 2009.
- I understand that this study is to find out how doctors should treat different sorts of seizures.
- I understand that information about my seizures will be sent over the Internet.
- I understand that this information will be available to the doctor who is managing my seizures at the hospital.
- I understand that I can pull out of the study at any time, and it will not affect my future care
- I understand that no material which could identify me will be used in any reports on this study.
- I have had a chance to ask questions about the study. I have had time to consider whether to take part.
- I know that I do not have to keep taking treatment if it appears to be harmful to me.
- I know who to contact if I have any questions about the medication or the study.

## Consent Form for Children

- I want my family doctor to be told that I'm taking part in this study

YES / NO

- I would like other doctors in New Zealand who are taking part in this International Pilot Study to be able to get information about my epilepsy that is stored in the database

YES / NO

- I want to have all information about me removed from the database at the end of the International Pilot study

YES / NO

I \_\_\_\_\_ (my name) hereby consent to take part in this study.

Date

Signature

Project explained by:

Project role:

Signature:

Date

Dr Peter Bergin, Principal Investigator

President of the New Zealand Chapter of the International League against Epilepsy

Contact Phone Number 09 307 4949 \* 25663

Co-investigators:

Dr Lynette Sadleir Department of Paediatric Neurology, Wellington Hospital

Dr Claire Spooner Department of Paediatric Neurology, Starship Hospital, Auckland

Dr Melinda Nolan Department of Paediatric Neurology, Starship Hospital, Auckland

*Notes:*

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