

CONSENT FORM

1. Consent for your child to take part in the FACCT study

Please check that you understand each of the following points. If you are happy for your child to take part in the **FACCT** study, please fill in your child's details below and sign in the space provided to indicate your consent (permission). If you require any further information before signing, you may contact: Dr Máiréad Harding, FACCT Programme Coordinator, Oral Health Services Research Centre, on (021) 4901210.

- I have read and understand the information provided about the **FACCT** study.
- I understand that my child may:
 - Be examined by a dentist in the school;
 - Have his/her height and weight measured;
 - Have photographs taken of his/her front teeth, that the photographs will be a close-up of the teeth only, so it will not be possible to identify my child's face, and that these dental photographs may also be used for dental education and teaching purposes;
 - Be asked to complete a questionnaire under supervision, on a laptop computer that is not connected to the internet.
- I understand that my child may be invited to participate in a follow up to the **FACCT** study when he/she is in 6th class.
- I understand that the information collected for the **FACCT** study will be held on a secure computer and that it will be used for research purposes only.
- I understand that any information regarding my child will be treated confidentially.
- I understand that participation in the **FACCT** study is voluntary and that I may withdraw consent at any time.

PLEASE USE BLOCK CAPITALS

I consent to my child taking part in the FACCT study.

Child's Full Name: _____ Child's Date of Birth:

DD	MM	YYYY

Parent's Signature: _____ **Date:** _____

Mobile 1: _____ Mobile 2: _____ Landline phone: _____

Email: _____

2. Consent to follow up

I agree to be contacted in the future in relation to FACCT, and I give permission for my contact details (Address/Mobile/Phone/Email) to be retained by the Study Team for the next four years, until my child finishes 6th class.

Parent's Signature: _____ **Date:** _____

3. Consent for access to relevant dental information from your child's HSE school dental record

I understand that the FACCT study would like to collect relevant oral health information (data) from my child's HSE school dental record (if one exists). This will help the study team to understand how school dental services are used and whether these records could be used in the future to provide reliable information about children's oral health.

I understand that any such information collected will be treated in the strictest confidence and will be used for research purposes only.

Parent's Signature: _____ **Date:** _____

ASSENT FORM

Your child's assent to take part in the FACCT Study

It is very important to us that each child who takes part in the study is happy to do so themselves. This is called the child's "assent" to participation.

Please explain the study to your child in whatever way you, as their parent/guardian, think is appropriate, bearing in mind their age and ability to understand.

If your child is happy to participate in the study, please ask them to sign below:

The study has been explained to me and I am happy to participate in the study.

Child's Signature: _____ Date: _____