



University of Sydney

The Monitor Dental Practice Program

Parent / Guardian Consent Form

Is non-invasive management of dental caries a cost-effective solution?

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PARENTAL (OR GUARDIAN) CONSENT FORM

1. I, agree to permit, who is aged years, to participate as a participant in the study described in the Parental / Guardian Information Sheet set out above.
2. I acknowledge that I have read the Information Sheet, which explains the aims and the nature of the study and the possible risks, and the statement has been explained to me to my satisfaction.
3. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm my child might suffer as a result of participation and I have received satisfactory answers.
4. I understand that I can withdraw my child from the study at any time without prejudice to my or my child's relationship with this dental practice.
5. I agree that research data gathered from the results of the study may be published provided that neither my child nor I can be identified.
6. I understand that if I have any questions relating to my child's participation in this research, I may contact Dr Bradley Curtis on telephone 0404010381, who will be happy to answer them.
7. I acknowledge receipt of a copy of this Consent Form and the Information Sheet.

.....
Signature of Parent/Guardian *(please circle as appropriate)*

.....
Please PRINT name

.....
Date

If you feel your child is old enough to understand the procedures involved in the study and to give written consent space they may sign below.

.....
Signature of Child

.....
Please PRINT name

.....
Date