

Please complete both sides

Children's Diabetes Team Parental/Guardian consent form

Patients name			
D.O.B		NHS no.	

Sharing Information

By signing below you indicate you have read and understood and agree to the conditions given in the consents booklet. You also understand you are able to review or cancel this arrangement at any time in writing.

Signature of parent/guardian

Name

Date

Child's signature

Date

Email and SMS procedure

By signing below you indicate you have read and understood and agree to the conditions given in the consents booklet. You also understand you are able to review or cancel this arrangement at any time in writing.

Signature of parent/guardian

Name

Date

Child's signature

Date

The national paediatric diabetes audit

By signing below you indicate you have read and understood and agree to the conditions given in the consents booklet. You also understand you are able to review or cancel this arrangement at any time in writing.

****I agree to opt in to the NPDA/I request to opt out (delete as preferred)***

Signature of parent/guardian

Name

Date

Child's signature

Date

Pump audit

By signing below you indicate you have read and understood and agree to the conditions given in the consents booklet. You also understand you are able to review or cancel this arrangement at any time in writing.

****I agree to opt in to the NPDA/I request to opt out (delete as preferred)***

Signature of parent/guardian

Name

Date

Child's signature

Date

Agreed on behalf of East Kent Hospitals University NHS Foundation Trust

Signature.....

Print Name

Designation.....