



National Institute of Integrative Medicine

INFORMED CONSENT FORM FOR PARTICIPANTS IN A RESEARCH PROJECT

1. I, parent/guardian..... *(please print your name)*
of, child's name *(please print child's name)*
give consent for my child to take part in the research project entitled:

The Vaccination Supplementation (VISS) Study

2. I acknowledge that I have read the attached Information Sheet entitled:

The Vaccination Supplementation (VISS) Study

Full title: Randomised placebo-controlled trial investigating the effect of 8 weeks supplementation with probiotics and vitamin D around routine childhood immunisation on infant's ear temperature, growth, and sleeping pattern in 4-24 month-old infants.

3. I have had the project, so far as it affects me, fully explained to my satisfaction by the research worker. My consent is given freely.

4. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained that my involvement may not be of any benefit to me or my child.

5. I understand that ear thermometers will be supplied to participants at 50% cost (\$20 of \$40 to be paid by the participant).

6. I have been given the opportunity to have a member of my family or a friend present while the project was explained to me.

7. I have been informed that, while information gained during the study may be published, my child will not be identified and personal results will not be divulged.

8. I understand that I am free to withdraw my child from the project at any time and that this will not affect medical advice in the management of my child's health, now or in the future.

9. I am aware that I should retain a copy of this Consent Form, when completed, and the attached Information Sheet.

I can be contacted by phone: _____ or by email: _____

Parent/Guardian:
(signature) *(date)*

Investigator:
(signature) *(date)*