

Consent to Participation in Research

- Parent/Guardian Consent Form

Title of Project: **The use of intermittent short-term selective head-neck cooling for the management of acute concussion and post-concussion syndrome**

Project Supervisor: **Professor Patria Hume**

Researchers: **Dr Doug King**

- I have read and understood the information provided about this research project in the Information Sheet dated DD MMMM YYYY;
- I have had an opportunity to ask questions and to have them answered;
- I agree to participate in the research;
- I understand that taking part in this study is voluntary (my choice) and that I may withdraw my child/children and/or myself or any information that I have provided for this project at any time prior to completion of data collection, without being disadvantaged in any way;
- I understand that in the event of a medical situation the information obtained as part of this research project may be used to assist in my medical care and that my identified legal guardian, next-of-kin or parent will be informed of the situation;
- I am not suffering from heart disease, high blood pressure, any respiratory condition (mild asthma excluded), any illness or injury that impairs my physical performance, or any infection or concussion.
- I understand that if I withdraw my child/children and/or myself from the study then I will be offered the choice between having any data that is identifiable as belonging to my child/children and/or myself removed or allowing it to continue to be used. However, once the findings have been produced, removal of our data may not be possible.;
- I wish to my child/children to actively participate in the research / be part of the control group (please delete one)
- I wish to receive a copy of the report from the research: (tick one): Yes No

Child/Children's name:

Parent/Guardian's signature:

Parent/Guardian's name:

Date:

Project Supervisor Contact Details:

Professor Patria Hume

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Approved by the Auckland University of Technology Ethics Committee on **type the date final ethics approval was granted**, AUTEC
Reference number **type the reference number**

Note: The participant should retain a copy of this form