**Table of contents:**

<table>
<thead>
<tr>
<th>Consent Form</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical measurement consent form (Stage 1)</td>
<td>1</td>
</tr>
<tr>
<td>Clinic (Stage 2) consent form</td>
<td>2-4</td>
</tr>
<tr>
<td>General statements</td>
<td>2</td>
</tr>
<tr>
<td>Physical measurement consent</td>
<td>3</td>
</tr>
<tr>
<td>Stable isotope consent</td>
<td>3</td>
</tr>
<tr>
<td>Blood consent</td>
<td>4</td>
</tr>
</tbody>
</table>
CONSENT FORM FOR THE NATIONAL INFANT DIET AND HEALTH STUDY

Serial Number: 

First Name: 

Sex  
Male 1 
Female 2 

Date of birth: 

PHYSICAL MEASUREMENTS  
MREC Reference Number: 09/H0305/101  
Name of Lead Investigator: Alison Lennox  

I __________________________ being the legal parent/guardian of __________________________ (subsequently referred to as “child”) hereby give my permission fully and freely for my child to participate in the Infant Diet and Health study. 

Please initial the relevant box

1. I confirm that I have read and understand the information sheet entitled ‘National Infant Diet and Health Study’ – Information for parents dated 30 October 2009 (version 1.0) for the above study. 

2. The purpose and procedures have been explained to me by the interviewer. I have had the opportunity to ask questions and have had these answered satisfactorily. 

3. I agree for my child to have body weight measurements taken as part of the above study. 

4. I agree for my child to have body length measurements taken as part of the above study. 

5. I agree for my child to have head circumference measurements taken as part of the above study. 

6. I understand that my child’s participation is voluntary and that I am free to withdraw him/her at any time, without giving any reason. 

___________________   _________________   ____________________________  
Name of Parent/guardian (Please print)  Date  Signature  

___________________   _________________   ____________________________  
Name of Interviewer  Date  Signature  

Diet and Nutrition Survey of Infants and Young Children, 2011
National Infant Diet and Health Study

CLINIC CONSENT FORM

MREC Reference Number: 09/H0305/101
Lead Investigator: Alison Lennox

Study ID Number

I ____________________ being the legal guardian of ____________________ (subsequently referred to as child) hereby give my permission fully and freely for my child to participate in the National Infant Diet and Health Study.

GENERAL STATEMENTS

Please initial relevant box

1. I confirm that I have read and understand the information sheet entitled 'National Infant Diet and Health Study – Information about the clinic visit dated 08 August 2010 (version 3.0), had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

2. I understand that my child’s participation is voluntary and that I am free to withdraw from any stage of the study, at any time, without giving any reason, and without our medical care or legal rights being affected in any way.

3. I consent to my general practitioner (GP) being notified of my child’s participation in this research and to be informed of the results.

4. I give permission that my own (if applicable) and my child’s anonymised (blood and/or urine) samples taken as part of this study may be analysed in another laboratory outside of MRC Human Nutrition Research for the purpose of nutritional assessment. I can withdraw consent at any time by asking investigators in writing to remove and destroy samples.

___________________   _________________   __________________________
Name of Parent/Guardian  Date   Signature
(Please print)

___________________   _________________   __________________________
Name of Research Team Member  Date   Signature

Diet and Nutrition Survey of Infants and Young Children, 2011
Study ID Number

RESEARCH CLINIC VISIT - OPTIONS

A) PHYSICAL/SKINFOLD MEASUREMENTS

5. I agree for my child to have physical measurements taken by a trained person as part of the above study.

6. I agree for my child to have skinfold measurements taken by a trained person as part of the above study.

B1) MEASUREMENT OF BREAST MILK INTAKE (breastfeeding only)

7. I confirm that I have read and understand the information sheet entitled ‘National Infant Diet and Health Study – How much breast milk and/or other fluid does your baby drink dated 31 August 2010 (version 4.0), had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

8. I give permission for my child to have breast milk intake, fluid intake and body composition measured.

or

B2) MEASUREMENT OF BODY COMPOSITION

9. I confirm that I have read and understand the information sheet entitled ‘National Infant Diet and Health Study’ - How much breast milk and/or other fluid does your baby drink dated 31 August 2010 (version 4.0), had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

10. I give permission for my child to have fluid intake and body composition measured.

Name of Parent/Guardian
(Please print)

Date

Signature

Name of Research Team Member

Date

Signature
National Infant Diet and Health Study

CLINIC CONSENT FORM – continued page 3

Study ID Number

RESEARCH CLINIC VISIT – OPTIONS continued

C) BLOOD SAMPLE

Please initial relevant box

11. I confirm that I have read and understand the information sheet entitled ‘National Infant Diet and Health Study’ – Why provide a blood sample? dated 02 November 2009 (version 2.0), had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

12. I agree for my child to have a blood sample taken by a trained person as part of the above study.

13. I agree to being informed of my child’s blood results.

D) CONSENT FORM IF RESULTS NOT BEING SENT TO GP, PARENT OR GUARDIAN

Please initial box

14. This is to clarify that against the advice of the National Infant Diet and Health Study team. I do not want to receive my child’s clinically relevant examination results.

15. I agree to the study’s clinical survey doctor contacting me to discuss, if necessary, any results that are directly relevant to my child’s health. The best contact number for the clinical survey doctor to use is: ________________________________

Name of Parent/Guardian   Date   Signature
(Please print)

Name of Research Team Member   Date   Signature

Diet and Nutrition Survey of Infants and Young Children, 2011