



Adding information from administrative health records – children (0-15 yrs)

Please read this form and sign below if you give your permission for us to add information from health records to your child(ren)'s survey responses. It is completely up to you which permissions you choose to give. You can withdraw your permission at any time in the future.

I have received a leaflet explaining what information held by the National Health Service and related agencies may be added to the survey and how it would be used. I have had the opportunity to ask questions.

HEALTH DATA

I authorise the National Health Service, the Departments of Health, the General Registration Office and the Office for National Statistics to disclose to the organisation responsible for this survey information about my child's health treatment and use of health services for future research studies of the frequency, causes, treatment or outcome of diseases and health conditions.

FOLLOW-UP ON HEALTH REGISTRATION

I authorise the organisation responsible for this survey to obtain information about my child's National Health Service registration from the National Health Service Central Registers, and to follow my child's registration and health status.

Please place a tick in the boxes to indicate that you give permission ☒

	First Name	Last Name	P.No	D.O.B dd / mm / yyyy	Health Data		Follow-up on Health Registration	
					YES	NO	YES	NO
Child 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you give permission for us to collect any of this information please sign below. Your permission will stay in place unless you write to us to say you want it removed. This is detailed in the information leaflet. We will remind you of the permissions you have given periodically. You can contact the research team on, **Freephone 0800 252 853** or by writing to **Freeport RRXX-KEKJ-JGKS, Understanding Society, University of Essex, Wivenhoe Park, Colchester, CO4 3SQ**

Sign

Date

Print name

Thank-you!

Point.No	Address	HH.No	P.No	ChkL
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Child 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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