

Betting and gaming in everyday life: PARENT CONSENT FORM

Researchers' names: Heather Wardle

Research institution: London School of Hygiene and Tropical Medicine

To be completed by the PARENT/GUARDIAN

Please circle the relevant answer

- Have you been fully informed about the study? **YES/ NO**
- Do you know that your child can withdraw from this study at any time, with no need to give a reason and without any negative consequences? **YES/ NO**
- Do you know that your child's answers are confidential? **YES/ NO**
- Do you agree that your child can take part in this study, whose results could be published (e.g., in a report or book)? Neither you nor your child will be identified in any way in these publications. **YES/ NO**

If **YES to all**, please fill in the details below.

Child's name: _____

School: _____

Class: _____

Signed by parent/guardian: _____

Date: _____

Name in block letters: _____

Address: _____

Email: _____

Phone number: _____

Place the completed consent form in the envelope and seal it. Do not write any identifiable information on the envelope. Return the form to the researchers directly or via your child.

For any questions about the study, please contact Heather Wardle at London School of Hygiene and Tropical Medicine, 15-17 Tavistock Place, London, W19H 9SH. E: Heather.wardle@lshtm.ac.uk T: 0774 545 8519