

Wave

P2760

Serial Number

Household No

Check No

Person No



## From B (all households with children aged 0 to 15 years)

### Adding information from administrative health records

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.**

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

#### 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**

	Health Data	Follow-up on Health Registration
Name of child (print) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of child (print) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of child (print) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of child (print) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of child (print) _____	<input type="checkbox"/>	<input type="checkbox"/>
Name of child (print) _____	<input type="checkbox"/>	<input type="checkbox"/>

**If you give permission for us to collect any of this information please sign below.** This will remain valid until withdrawn by you in writing as detailed in the information leaflet. You can contact the research team on **Freephone 0800 252 853** or by writing to **University of Essex, FREEPOST CL2610, Colchester, CO4 2BR.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Date of birth \_\_\_\_\_