Parent/Guardian Consent Form

Project Title  Pēpi-Pod® Program Research Study (Safe Sleeping Space Study)

Reducing risk for Aboriginal and Torres Strait Islander babies: trial of a safe sleep enabler to reduce the risk of sudden unexpected deaths in infancy in high risk environments.

Parent / Guardian

☐ I have read the information sheet describing the study.
☐ I have asked all of my questions and I have the answers I need.
☐ I agree to enrol my child in this study.
☐ I agree to make sure safe infant sleeping rules are followed whenever my baby falls asleep.
☐ I agree to answer questions about how the pēpi-pod safe sleeping space was used.

Name: _________________________________________________   Signature: ___________________

Date: _____/_____/ ________

Project Officer OR Service Staff Member

I have fully explained to the parent/guardian .............................................................. the nature and purpose of this study; the responsibilities they have to ensure safe sleeping practices are followed and the risks that are involved if the safe sleeping device is not used according to the guidelines set out in the safety briefing. I have provided the parent/guardian with a copy of the Family Information Sheet.

_________________________   ________/ _____/ ________
Signature of Investigator (Project Officer / Staff Member)  Date

_________________________  Position
Print Name

Independent Witness

I have witnessed the receipt of a Family Information Sheet by the parent/guardian and exchanging of information between the investigator and the parent/guardian about the study.

_________________________   ________/ _____/ ________
Signature of Witness  Date

_________________________  Position
Print Name

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Version 4: November 2015