

Supplement 2: Informed consent form “TOP-mums, for a healthy start”
Child

I have been asked to consent to the following person/my child participating in this medical-scientific study.

Name of study subject (child):

Date of birth: ____ / ____ / _____

- I have read the subject information form for the parents/guardians. I was able to ask questions. My questions have been answered to my satisfaction. I had enough time to decide whether I want my child to participate.
- I know that participation voluntary. I know that I may decide at any time that I do not want my child to participate after all or to withdraw from the study. I do not need to give a reason for this.
- I give permission for my child’s general practitioner/treating specialist/youth health care division to be informed about my child’s participation in this study.
- I know that some people may have access to all data of my child to verify the study. These people are listed in the information letter and the Brochure “Medical Research: General information for subjects”. I consent to the inspection by them.
- I approve that my child’s data will be used in order to achieve the goals as described in the information letter.
- I give permission for information to be requested from my child’s youth health care division as described in the information letter.
- I approve that my child’s data that will be collected during this study, will be stored for 15 years.
- I **do/do not*** consent to keeping my child’s bodily material that will be collected during the study for 15 years after the end of this study. In the future, the bodily material may be used for research questions in line with this study.
- I **do/do not*** approve to be approached for further research.

* Please cross the option that is not applicable.

I agree to this person's/my child's participation in this study.

Name of the parent/legal guardian:

Signature:

Date: ____ / ____ / _____

Name of the parent/legal guardian:

Signature:

Date: ____ / ____ / _____

I declare that I have fully informed the abovementioned persons about the study referred to.

If information becomes available during the study that could affect the parent's or guardian's consent, I will notify him/her about this in good time.

Name of investigator (or his/her representative):

Signature:

Date: ____ / ____ / _____

If applicable, additional information was given by:

Name:

Job title:

Signature:

Date: ____ / ____ / _____