



Consent form for parents/carers

(Version July 2012)

Database of Children with Autism Spectrum Disorder living in the North East

Name of parent/guardian: _____

Signature: _____ Date: _____

Name of child: _____ M/F Date of birth: _____

Address: _____

Postcode: _____ Local Authority: _____

Telephone number(s): _____ E:Mail _____

	Yes	No
1. I have read the Dasl ^{ne} information for parents. I understand the purpose of the database.		
2. I am willing for my child's name and details about diagnosis to be recorded on the Dasl ^{ne} database		

If you do NOT consent to your child's details being on the Database, please return the form so as to let us know your child's name and address. Then we can be sure not to contact you again.

If you DO consent, please fill in the answers to the remaining items	Yes	No
3. I am willing for information to be sent from the National Health Service-Central Register (for example, if we change my child's GP)		
4. I am willing for the Dasl ^{ne} team to tell my GP that details about my child are recorded on the database.		
5a. I am willing for the Dasl ^{ne} team to contact me to give extra information about my child's diagnosis		
5b. I am willing for the Dasl ^{ne} team to contact a local professional named by me to give extra information about my child's diagnosis.		
5c. I am willing for the Dasl ^{ne} team to look at my child's medical or educational notes to update details on the database.		
6 I am willing for a trained member of the Dasl ^{ne} team to meet with my child for a play session at age 6 years (or older). Full details of this will be discussed with me before it takes place.		
7. I am willing to receive information about local autism services, as vetted by the Dasl ^{ne} Steering Group		
8. I am willing to be approached about future research studies, as approved by the Dasl ^{ne} Steering Group, so I can decide whether to take part		

Name and address of professional (community nurse, psychologist, doctor, speech therapist, teacher etc) who could give us extra information on your child's diagnosis:

_____ Telephone number: _____

Please return to: **Dasl^{ne}**,
Sir James Spence Institute, RVI, Queen Victoria Road, Newcastle Upon Tyne, NE1 4LP
☎ 0191 282 1400 ☎ 0191 282 4725 ✉ www.daslne.org