# Table of contents:

| Physical measurement consent form | 1 |

Diet and Nutrition Survey of Infants and Young Children in Scotland, 2011
CONSENT FORM FOR THE NATIONAL INFANT DIET AND HEALTH STUDY

Serial Number:  

First Name:  

Sex  
Male  1  
Female  2  

Date of birth:  

SEX

PHYSICAL MEASUREMENTS

MREC Reference Number: 09/H0305/101
Name of Lead Investigator: Alison Lennox

I ______________________ being the legal parent/guardian of ______________________ (subsequently referred to as “child”) hereby give my permission fully and freely for my child to participate in the Infant Diet and Health study.

Please initial the relevant box

YES  NO

1. I confirm that I have read and understand the information sheet entitled 'National Infant Diet and Health Study' – Information for parents dated 30 October 2009 (version 1.0) for the above study.

2. The purpose and procedures have been explained to me by the interviewer. I have had the opportunity to ask questions and have had these answered satisfactorily.

3. I agree for my child to have body weight measurements taken as part of the above study.

4. I agree for my child to have body length measurements taken as part of the above study.

5. I agree for my child to have head circumference measurements taken as part of the above study.

6. I understand that my child's participation is voluntary and that I am free to withdraw him/her at any time, without giving any reason.

___________________  ___________________  ______________________________
Name of Parent/guardian  Date  Signature
(Please print)

___________________  ___________________  ______________________________
Name of Interviewer  Date  Signature