

# PARENTAL CONSENT FORM

## PARTICIPANT INFORMATION SHEET

**Title:** Understanding the causal relationship between cerebral palsy and malnutrition among children in Ghana.

### **Principal Investigator:**

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#### **(ii) Co-Pls: Dr. Israt Jahan**

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### **General Information about the Research**

Children with CP have diverse rehabilitation needs owing to the variation in severity of the condition and associated comorbidities. However, there is limited available service delivery and rehabilitation centers for these children in developing countries including Ghana. The data generated from this study would therefore be used to guide the development of evidence-based prevention and service delivery models in the country.

### **Possible Risks and Discomforts**

There are no specific risks and discomforts to participants in this research.

### **Confidentiality**

All participants will be identified by codes for privacy and confidentiality. Data collected will be kept in files and stored on a computer locked with a password only known to the researcher. Data written will be kept in a secured cabinet and locked with key with only the researcher and supervisor who have access to it. Data collection will be made at an enclosed room to ensure privacy.

The consulting room or conference room or any other available enclosed room that allows for full privacy and less background noise shall be used during the interview of participants.

A semi structured face-to- face interview guide using open and close ended questions will be done to solicit information.

### **Voluntarism**

Participation in this research is voluntary and you have the right to leave the research at any time without any penalty to you.

### **Your rights as a Participant**

This research has been reviewed and approved by the Institutional Review Board of Christian Health Association of Ghana (CHAG-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline +233 302 777 815 or email addresses: [chagirb@chag.org.gh](mailto:chagirb@chag.org.gh).

## VOLUNTARY AGREEMENT

### INFORMED CONSENT FORM

ID No-

**Project title:** Understanding the causal relationship between cerebral palsy and malnutrition among children in Ghana.

I,  (please print name)

Date of Birth: \_\_\_\_\_

hereby give consent to the inclusion of

(child's/ adolescent's/ young adult's full name)

On the above titled project, being the primary caregiver responsible for the child.

- I understand the data collection process explained to me and had any questions answered to my satisfaction.
- I understand that an individual may not directly benefit from this project and that no payment will be made for joining the project.
- I understand that participation of an individual is voluntary in nature and an individual can withdraw at any time without giving any reason.

#### I consent to:

- Yes    No   The collection, recording, and permanent storage of information relating to me and my child/ adolescent for project activities only.
- Yes    No   The collection, recording, and permanent storage of photo/video relating to me and my child/ adolescent for project activities only.
- Yes    No   Share of de-identified information to the Cerebral Palsy Alliance (Australia), the funding organization of the project.
- Yes    No   Receiving invitations from time to time from project staff to participate in future research studies.

Signed:

Date:

\_\_\_\_/\_\_\_\_/\_\_\_\_

Relationship to child/ adolescent

**Details of the person who took consent:**

I certify that I have explained the project to the primary caregiver and consider that s/he understands what is involved and has freely given her/ his consent.

Signed:  Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name:  Designation:

## ASSENT FORM

Child's signature (for children over 14 years of age and competent to assent for themselves):

I agree with the explanation given to me by the researcher and my parent or guardian regarding this research. I as a result of this show consent to participate in this study.

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**Child's Name**

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Signature / thumbprint

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Date

## PARENTAL CONSENT FORM

**Project title: Understanding the causal relationship between cerebral palsy (CP) and malnutrition among children in Ghana.**

I, ..... [PRINT PARENT'S/CARER'S NAME], consent to my child ..... [PRINT CHILD'S NAME] participating in this research study.

In giving my consent, I state that:

- ✓ I understand the purpose of the study, what my child will be asked to do, and any risks/benefits involved.
- ✓ I have read the Information Statement and have been able to discuss my child's involvement in the study with the researchers if I wished to do so.
- ✓ The researchers have answered any questions that I had about the study and I am happy with the answers.
- ✓ I understand that being in this study is completely voluntary and my child does not have to take part. My decision whether to let them take part in the study will not affect our relationship with the researchers in the future.
- ✓ I understand that my child can withdraw from the study at any time.
- ✓ I understand that I may stop the interview at any time if I do not wish to continue, and that unless I indicate otherwise any recordings will then be erased and the information provided will not be included in the study. I also understand that I may refuse to answer any questions I don't wish to answer.
- ✓ I understand that personal information about my child that is collected over the course of this project will be stored securely and will only be used for purposes that I have agreed to. I understand that information about my child will only be told to others with my permission, except as required by law.
- ✓ I understand that **blood sample (4ml)** will be drawn from my child by the hospital laboratory professionals for screening for Hb, and electrolyte test
- ✓ I understand that the results of this study may be published, and that publications will not contain my child's name or any identifiable information about my child.

**Parent's/carer's signature**

\_\_\_\_\_

**Name**

\_\_\_\_\_

Signature

\_\_\_\_\_

Date