

Title	Do enhanced general practice services improve health outcomes and health service use? Flinders Quality Enhanced general practice Services Trial (Flinders - QUEST)
Protocol Number	Q1720
Project Sponsor	Flinders University
Principal Investigator	Professor Richard Reed
Location	Adelaide, South Australia

Declaration by Parent/Guardian

I have read the Parent Information Sheet.

I understand the purposes, procedures and risks of the research described.

I understand my child (if aged 8 years or older) will be asked to complete questionnaires about their personal details, health and feedback at the beginning, at six months and at twelve months into the study. If my child is aged 7 years or younger I will complete the questionnaires on my child's behalf.

I understand that half the general practices in the study will be randomly allocated to a Control group and half the practices to an Intervention group and that only practices in the Intervention group will provide enhanced services.

I give permission for the child's doctors, hospitals or other health services to release information to Flinders University concerning the child's health care for the purposes of this project. I understand that such information will remain confidential.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to the child participating in this study as described and understand that I am free to withdraw them at any time during the study without affecting their future health care.

I understand that I will be given a signed copy of this document to keep.

Name of Child (please print)	_____
Name of Parent/Guardian (please print)	_____
Signature _____	Date _____