

CONSENT FORM

Title of Project: 'Happyr Tracking': Feasibility of a developmentally-tailored mobile app for tracking mood and pain in children with migraine

Name of Principal Investigator: Dr. Munni Ray

Participant Identification Number for this trial:

Please initial all boxes

I confirm that I have read the information sheet dated 01/03/2022 (version 3.0) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my child's participation is voluntary and that my child is free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.

I understand that relevant sections of my child's medical notes and data collected during the study, may be looked at by individuals from Happyr Ltd, from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my child's records.

I understand that the information collected about my child will be used to support other research in the future, and may be shared anonymously with other researchers.

I understand that any sensitive information disclosed by my child in the surveys will be reviewed by the clinical psychologist of the research team to address the topic with the patient and/or yourself as well as your child's care team.

I understand that the information held and maintained by Happyr Ltd & Leeds Teaching Hospitals NHS Trust may be used to help contact me and my child or provide information about my child's health status.

I understand that direct quotes of my child provided in the survey's might be used anonymized in the study report.

I agree that my child takes part in the above study.

Name of Participant

Date of Signature

Signature

Name of Legal Caregiver

Date of Signature

Signature

Name of Chief Investigator

Date of Signature

Signature