

Patient Identification Number for this trial:

CONSENT FORM

Title of Project: **Investigating Infant Expectations on Object Search Tasks**

Name of Researcher: Leah Murphy

Please initial all boxes:

- 1) I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions about all aspects of the study and have had these answered satisfactorily.
- 2) I understand that my participation is voluntary and that I am free to withdraw from the study within two weeks without giving any reason, without my medical care or legal rights being affected.
- 3) I understand that fully anonymised data will be analysed by the research team at Lancaster University.
- 4) I understand that data will be anonymous and give my consent for material to be shown for research and teaching purposes, such as publications, journals and books.
- 5) I have been provided with contact details of the researchers and the principal investigator, should I have any questions in the future.
- 6) I agree to take part in the above study.

Parent's name: _____

Parent's Signature: _____ Date: _____

Researcher's Signature: _____ Date: _____