

## Consent form

### Recording information about your child in the CRANE database

A member of the cleft team should have given you the following leaflets: 'CRANE database: A guide to how we record information about children with cleft lip and cleft palate' and 'CRANE database: A guide to how we link to other information about children with cleft lip and cleft palate'. You should read these leaflets and ask any questions you have before signing this form. There is more information on our website at [www.crane-database.org.uk](http://www.crane-database.org.uk)

#### 1. The CRANE database

Please give your child's name (here): \_\_\_\_\_

Do you agree to us keeping a record of information related to your child's cleft lip or cleft palate (or both) on the CRANE database? **Tick one box.** Yes  No

#### 2. Data linkage to access other information in official records

I understand that my child's details, including their name, date of birth, postcode and NHS number, may be used to make an accurate link to their official records (listed below) to collect more information for use by the CRANE database. **Tick one box.** Yes  No

##### 2.1. Health records

Do you agree to us linking to your child's information held by National Health Service (NHS) databases and records, the Office for National Statistics (ONS), and the NHS Digital?

**Tick one box.** Yes  No

##### 2.2. Education records

Do you agree to us linking to your child's information held by the Department for Education (DfE)?

**Tick one box.** Yes  No

A list of the databases and records we link to is available on the [Privacy Policy](#) page of our website.

#### 3. I confirm that:

- I have read the information leaflets about the CRANE Database and understand them;
- I have been given the chance to ask a member of the cleft team questions about the leaflets;
- I understand that I can choose for information about my child's care not to be recorded in the CRANE database and that I am free to withdraw my child's information from the database at any time, without giving any reason and without this affecting the treatment that they receive;
- I know who to contact if I change my mind and want my child's information withdrawn from the CRANE database; and
- I understand that any information about my child will be kept confidential and used for the CRANE database purposes only.

\_\_\_\_\_  
Name of parent or legal guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

## For cleft team use only

Please check that the parent or legal guardian has filled in all the options before signing.

\_\_\_\_\_

Name of person recording the agreement      Date      Signature

In the box below, either give the child's name and date of birth or apply their hospital sticker.

This form should be kept in the child's medical notes.

Please record the consent information provided by the parent or legal guardian on this form in the CRANE database.

