

Consent form (Scotland)

Recording information about your child in the CRANE Database

A member of the cleft team should have given you the following leaflet: **'Has your child been born with a cleft lip and/or palate?'**. You should read this leaflet and ask any questions you have before signing this form. There is more information on our website at www.crane-database.org.uk

To complete this pdf form electronically, open the document using an Acrobat Reader PDF software and click on the fountain pen icon, which should appear at the top of the document, as part of the toolbar. Hover over the boxes for ticking and then sign your name at the end.

1. The CRANE Database

Please give your child's name (here): _____

Do you agree to the CRANE Database collecting information related to your child's cleft lip and/or cleft palate, treatments and measures of progress? **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 CHI/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 NHS Scotland* databases and records?

Tick one box. Yes No

2.2. Education records

Do you agree to us linking to your child's information held by Education Scotland*?

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.

* Or country-specific equivalent should your child move to England, Wales or Northern Ireland.

3. I confirm that:

- I have read the information leaflet about the CRANE Database and understand it;
- I have been given the chance to ask a member of the cleft team questions about the CRANE Database;
- 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- I know who to contact if I change my mind and want my child's information withdrawn from the CRANE Database; and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

