

Consent form

Title of Project: Concussion Assessment and Return to motorSport (**CARS**)

Name of study team member present:

The study team consists of individuals associated with the **RESCUE-RACER** programme working at Cambridge University Hospitals Trust and/or the University of Cambridge.

Please initial
box

1. I confirm that I have read the information sheet dated (version.....) for the **CARS** study. I have had the opportunity to consider the information, ask questions and have had these answered to my satisfaction.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected.
3. I understand that the information collected about me will be used to support other research in the future and may be shared anonymously with other researchers in the UK and abroad.
4. I understand that anonymised study results will likely be presented to the scientific community (including publication and presentation).

Please answer
YES/NO

5. I understand that relevant sections of my motorsport records may be looked at by members of the study team (including medical notes, previous concussion assessments and accident data). I give permission for these individuals to access my records.
6. I understand that relevant sections of my medical notes may be looked at by members of study team, or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records, including contact with my GP.

Please answer
YES/NO

7. I agree that anonymised data collected about me during the **CARS** study may be used for future ethically approved studies.

Please initial
box

8. I agree to take part in the **CARS** study.

9. I agree not to participate in any driving activity until 1 hour after OVRT testing.

Name of Participant
(please print)

Signature

Date

If participant is aged **less than 18 years**:

Name of Parent/Guardian
(please print)

Signature

Date

Name of Study team member
(please print)

Signature

Date

Two copies are required: research file, participant