

**Rigshospitalet****HovedOrtoCentret**

Dato: 12. juli 2021

Online supplementary file 2

Informed consent to participation in a development project

Cross-sectoral support to the parents of a child with visual challenges – A development project in the Ophthalmological Department

Declaration from the informant:

I have been given both written and oral information about the project to feel that I know enough about the purpose, method, advantages and disadvantages concerning my participation in the project to accept participation.

I know that my participation in the project is voluntary, and that I, at any time can pull back my consent without losing current or future rights to treatment.

I agree to participate in this development project and have been given a copy of this consent formula and a copy of the written information about the project.

Name of informant:

Date:

Signature:

Do you wish to receive information about the project findings?

Yes:

No:

Declaration from the one who has given the information:

I declare that the informant has been given both written and oral information about the project.

After my best belief there have been given enough information to take a fully informed choice about participation.

Name of the person who have given the information:

Date:

Signature: