INFORMED CONSENT FORM

Study title:

The Urban Infant Foodscape: a mixed methods study to explore food system related risks for enteric infection in young children

Principal Investigator: Oliver Cumming and Edna Viegas

	Please initial box
1. I confirm that I have read and understand the participant information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered fully.	
2. I understand that mine and my child's participation is voluntary, and I am free to withdraw both of us at any time, without giving any reason, without our medical care or legal rights being affected.	
3. I give permission to audio-record any interviews I give	
4. I understand that the information I provide as part the study may be reported anonymously to communicate findings of the research	
5. I agree that stool, rectal swab, and blood samples will be processed at the LSHTM laboratory in the UK and stored here for future research	
6. Given my agreement to the above, I agree to take part in the study.	

Name of Participant *(printed)*	Signature/Thumbprint	Date
Name of Person taking consent	Signature	Date

The participant is unable to sign. As a witness, I confirm that all the information about the study was given and the participant consented to taking part.

Name of Impartial Witness *(if required)*	Signature	Date

1 copy for participant; 1 copy for Principal Investigator