

CONSENT FORM – Parent – Christchurch study site
(This form will be held for a period of 6 years)

**Multiple case study of binocular treatment for childhood amblyopia
using a handheld gaming device**

Principal Investigator: Steven Dakin

Co-investigators: Joanna Black, Tina Gao, Kim Stedman, Jeremy Fox, Dharshie Hughes

I have read the Participant Information Sheet for parents/guardians (Version 1), and I understand the nature of the research. I have had the opportunity to ask questions and have them answered to my satisfaction.

I agree to allow my child to take part in this research.

I understand that my child will need to attend an initial eligibility and baseline assessment at Anstice Optometrists, Christchurch. This assessment may include dilating eye drops.

I understand that my child will need to wear up-to-date glasses or contact lenses full-time, every day, during the entire study.

I understand that if my child's vision improves from just wearing lenses to be better than the study inclusion criteria, then my child will not need to receive the binocular movie treatment.

I understand that if my child does receive the binocular movie treatment, we will be loaned a handheld Nintendo device for my child to watch specially made binocular movies at home for 1 hour/day. Treatment will be continued until there is no further improvement in my child's vision or for up to 36 weeks, though I or my child can choose to stop the treatment at any time.

I understand that the binocular movies will be tailored for my child's level of vision, so my child should not share the device with anyone else.

I understand that we will be required to return the Nintendo device to Anstice Optometrists or the School of Optometry and Vision Science at the end of the treatment period.

I understand that my child will be asked to attend follow-up visits at Anstice Optometrists every 6 weeks.

I understand that participation, or not, is entirely voluntary and will have no impact on my or my child's clinical care at Anstice Optometrists and the University of Auckland Optometry Clinic and/or our relationship with the University of Auckland where this is relevant.

I understand that I and my child are free to withdraw participation at any time without giving a reason, and to withdraw any data traceable to my child up to 6 months after data collection.

I understand that the study results will be reported in way that does not identify me or my child.

OPTIONS (please read each statement and tick if you agree)

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I am happy for the research team to obtain clinical details from my child's eye-care professional.

Clinician's name: _____

Clinic: _____

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I wish to receive a summary of findings once the study finishes, please send this to me at this email address: _____

Parent's Name: _____ Child's Name: _____

Signature _____ Date _____