**INFORMED CONSENT/ASSENT FORM V2**

**COVID-19 epidemic and disabled people**

I confirm that I have read the information sheet dated 26 March 2020 (version 1) for the above study, or have it read to me. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation/the participation of my child is voluntary and that I/they am/are free to withdraw at any time without giving any reason, without my/their medical care or legal rights being affected [delete as applicable].

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.

 I agree to take part/to allow my child to take part in the above study [delete as applicable].

Signed (participant)

Witnessed (researcher)