

Appendix H

CHILD ASSENT FORM

Study title:

I _____, exercising my free power of choice, hereby give my consent for participation in the study entitled: “.....”. I have been informed, to my satisfaction, by the attending physician, about the purpose of the study and the nature of the procedure to be done. I am aware that my parents/guardians do not have to bear the expenses of the treatment if I suffer from any trial related injury, which has causal relationship with the said trial drug/investigation/procedure.

I am also aware of right to opt out of the trial, at any time during the course of the trial, without having to give reasons for doing so.

Name and Signature of the study participantDate:

Name and Signature of the parent/guardianDate:

Name and Signature of the attending PhysicianDate: