

AN12-V1/KSSSCISOP 03/V1

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 study/trial related injury, which has causal relationship with the said study/trial drug. I am also aware of right to opt out of the study/trial, at any time during the course of the study/trial, without having to give reasons for doing so.

Signature of the study participant

Date:

Name of the Study Participant

Date _____

Signature of Witness

Name of the Witness: _____

Signature of the attending Physician

Date: _____

Name of the attending Physician: _____