



SCHOOL OF REHABILITATION AND BEHAVIORAL SCIENCES
VINAYAKA MISSION'S RESEARCH FOUNDATION
(Deemed to be University)
Vinayaka Mission's Medical College and Hospital
Karaikal – 609609.



ASSENT FORM

(For children above 7 years to 18 years of age)

Child Participant's name:

Date of Birth/Age:

Parent/ LAR' s name:

Address:

Title of the project:

The details of the study have been provided to me in writing and explained to me in my own language. I confirm that I have understood the above study and had the opportunity to ask questions. I understand that my participation in the study is voluntary and that I am free to withdraw at any time, without giving any reason. I agree not to restrict the use of any data or results that arise from this study provided such a use is only for scientific purpose(s). I understand that following completion of study as well as during publication of the results, confidentiality of my identity will be maintained. I have been given an information sheet giving details of the study. I fully assent to participate in the above study.

Signature of the child participant: Date:

(If child knows to sign/Thumb impression)

Signature of the parent or guardian: Date:

Name and address of the witness:

Signature of the witness: Date:

Signature of the Investigator: Date:

Assent form should be accompanied with parent consent form