Child Assent Form

Study Title			
Study Number Subject's Full Name (with father's name) Date of Birth/Age Address of subject			
			
		I	, exercising my free power of
choice, hereby give my consent for part	icipation in the study entitled:		
"	-		
I have been informed, to my satisfaction	n, 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 treatme	ent if I suffer from any study/trial related injury, which		
has causal relationship with the said stu-	dy/trial drug. I am also aware of right to opt out of the		
study/trial, at any time during the course	e of the study/trial, without having to give reasons for		
doing so.			
doing so.			
	Data		
Signature of the study participant	Date:		
signature of the study participant			
Name of the study participant:			
	D .		
Signature of the Witness	Date		
Name of the Witness:			
Traine of the Withess.			
	Date:		
Signature of the attending Physician	Dutc		
Name of the attending Physician:			