**CHILD INFORMED CONSENT FORM**

My dear friend,

My name is ……………………………………… We are conducting a new study. The title of our study is …………………… and we aim to collect new data regarding (name the topic). We want to invite you to take part in this research study.

I am carrying out this research study with (name investigators that you work with). The purpose of the study (explains the purpose of the research in clear and lay language).

We are testing …………………… on children at your age. (Explain the procedures and any medical terminology in simple and lay language. Focus on what is expected from the child).

The results of this research will provide useful information for children like you. We will also share the results of this study with other researchers but we will not tell other people that you are in this research and we won't share information about you with anyone who does not work in the research study.

You can choose whether or not you want to participate. We have discussed this research with your parent(s)/guardian and they know that we are also asking you for your agreement. If you are going to participate in the research, your parent(s)/guardian also have to agree. But if you do not wish to take part in the research, you do not have to, even if your parents have agreed.

If you agree to take part in this research project, you have the right to withdraw at any time without consequences of any kind. If you decide not to be in the research, no one will be mad or disappointed with you; it will be okay and nothing will change; this is still your hospital and you will continue to receive your routine medical care and everything will stay the same as before. Even if you agree and say "yes", you can change your mind later and it will still be okay.

You may discuss anything in this form with your parents or friends or anyone else you feel comfortable talking to. You can decide whether to participate or not after you have talked it over. You do not have to decide immediately, please take whatever time you need to think.

There may be some words you don't understand or things that you need more explanation. Please ask me now or at anytime and I will take time to explain. My address and phone number is available on this paper, you can call me whenever you want me to answer your questions.

Please write your name and surname below and sign this form if you agree to take part in this research study. A copy of this form will be given to you and your parents.

**I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked have been answered to my satisfaction. After thinking on my own, I agree voluntarily to participate in this research.**

**Child**

Name & Surname:

Signature:

Date:

**I confirm that my child has given his/her consent freely and voluntarily. I confirm his/her participation in the research.**

**Parent**

Name and Surname:

Signature:

Date:

**I have accurately informed the child about the research and procedures, and to the best of my ability made sure that the child has understood it well.**

**I confirm that the child was given opportunity to ask questions about the research, and all the questions asked by the child have been answered correctly and to the best of my ability. I confirm that the child has not been coerced into giving consent, and the consent has been given freely and voluntarily.**

**Researcher**

Name & Surname:

Title:

Address:

Tell:

Signature: