**Assent Form**



**Oxygen in Paediatric Intensive Care**

Version 1.0, 6 November 2019

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| --- | --- |
| *To be completed by the Researcher:* | |
| Hospital name: |  |
| Trial Number: |  |
| Child’s full name: |  |

**Please circle ‘YES’ to all you agree with:**

Have you read about this study? YES / NO

Has somebody explained this study to you? YES / NO

Do you understand what this study is about? YES / NO

Have you asked all the questions you wanted to? YES / NO

Have you had your questions answered in a way you understand? YES / NO

Do you understand it’s OK to stop taking part at any time? YES / NO

If any answers are NO or you don’t want to take part, don’t sign your name.

If you do want to take part, please write your name and the date below:

|  |  |  |  |
| --- | --- | --- | --- |
| Your signature (if you have one): |  | Date: |  |
| Your full name: |  |  |  |

The doctor or nurse who explained this study to you needs to sign too:

|  |  |  |  |
| --- | --- | --- | --- |
| Researcher signature: |  | Date: |  |
| Researcher name: |  | Date: |  |