

## CHILD ASSENT FORM

(The following information to be completed by the child and their parent/guardian)



### **Rare and Undiagnosed Diseases Study (RUDY)**

Next to the sentences below please circle “yes” if you agree with the sentence or “no” if you do not agree with the sentence:

Have you asked any questions you would like to? Yes / No

Do you understand what this project is about? Yes / No

Have you had your questions answered so you can understand? Yes / No

Are you happy to take part? Yes / No

If any answers above are ‘no’ or you don’t want to take part, then please don’t sign your name!

If you do want to take part, please can you write your name below:

Your name \_\_\_\_\_

Date \_\_\_\_\_

The person who explained this project to you should fill in this next part:

Print Name \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

Your parent or the person who looks after you should fill in this next part:

Print Name \_\_\_\_\_

Sign \_\_\_\_\_

Date \_\_\_\_\_

## Thank you

*1 copy for participant; 1 copy for researcher site file; 1 (original) to be kept in medical notes (if participant is a patient)."*