

the runny ear study

CHILD ASSENT FORM (Age 6-16 Years)

Please circle the answer you agree with:

- | | | | |
|--------------------------------------------------------------|-----|---|----|
| 1. Has a doctor or nurse explained this study to you? | Yes | / | No |
| 2. Did you understand? | Yes | / | No |
| 3. Have you asked all the questions that you want? | Yes | / | No |
| 4. Did you understand the answers? | Yes | / | No |
| 5. It's okay to say no, at any time. Do you understand this? | Yes | / | No |
| 6. Do you want to take part? | Yes | / | No |

Please write your name here if you want to take part.

Your name:

Date:

Name of clinician taking assent:

Date:

Signature of clinician taking assent:

Person taking assent to write Participant ID here:

Paperwork management instructions: Complete one copy.

- Send to Bristol Trial Centre via secure fax (0117 928 7341) or encrypted email (bnssg.rest@nhs.net) **TODAY**.
- Photocopy and give copy to parent (put it in the shopping bag provided in the Participant Pack).
- Scan into child's medical record and store in the REST Site File (these will be collected at the end of the study).



IRAS ID: 229293



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