INFORMED CONSENT FORM - 2

SUBJECT IDENTIFICATION NO: NAME:

SCHOOL: CLASS:

TITLE OF THE PROJECT: The Effect of Body weight on Peak Expiratory Flow Rate (PEFR) in adolescent school Children from a rural area in South India.

Informed Consent Form

STUDENT’S NAME:

My child has been included in the research on overweight and peak expiratory flow rate (PEFR). The details of the study have been provided to me in writing and I confirm that I have understood the details and have the opportunity to ask questions.

I consent to take part in the study and I am aware that the participation of my child is voluntary.

I understand that I can make my child withdraw from the study at anytime without any consequences. I understand that the information collected about my child will be maintained confidentially and will be handled only by the investigator and authorized people. (ethics committee members /regulatory authorities).

I understand that I will receive a copy of the patient information sheet and the informed consent form. I consent voluntarily for my child’s participation as a subject in this study.

SIGNATURE OF THE PARENT: SIGNATURE OF WITNESS

NAME OF STUDENT: NAME OF STUDENT

SIGNATURE OF WITNESS: NAME OF WITNESS

DATE: DATE: