SRI VENKATESWARA DENTAL COLLEGE &HOSPITAL, CHENNAI Institute Ethics Committee Informed Assent Form

Study Title:

Participant ID No:

"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 I have asked have been answered to my satisfaction. I consent voluntarily to participate as a participant in this study and understand that I can say NO to taking part in the study, even if my parents have agreed to my participation. I understand I have the right to withdraw from the study at any time without giving any reason, without anyone upset at me. or my medical care or legal rights being affected.

Date	Name of the child
impression	participant

Signature/thumb of the child participant

[The literate selected by the participant must sign the informed consent form. The witness should not have any relationship with the research team. If the participant doesn't want to disclose his / her participation details to others, in no* of respecting the wishes of the participant he / she can be allowed to waive from the witness procedure (This is applicable to literate participant ONLY). The study staff should document this by getting signature from the prospective participant]

"I have witnessed the accurate reading of the consent form to the potential participant and the individual has had opportunity to ask questions. I confirm that the individual has given consent freely"

Date	Name of the witness	Signature of the witness
Date	Name of the Interviewer	Signature of the interviewer
Parent/guardian	has signed an informed consent: Yes	No

Initialed by the researcher