

Assent Form

At.....
Date.... Month..... Year.....

Principal Investigator Information

Name of Principal Investigator
Affiliation (School/Office)
Office Tel. Number..... Mobile.....
E-mail Address.....

Name of Co-Researcher

Name of Co-Researcher
Affiliation (School/Office)
Office Tel. Number..... Mobile.....
E-mail Address.....

Advice for Researchers: Please adjust the statements in accordance with your research project

I am the father/mother/parent/guardian of.....

I allow my child to participate in this study. My signature is signed at the end of this form. My child and I have been informed about the background and objective(s) of this study; details of research procedures that my child has to do or will be treated; and risks/dangers and benefits that may occur during this study. I have read the Participant Information Sheet thoroughly and fully understood after being informed by the researcher.

I hereby allow my child to participate in this study willingly under the conditions stated in the Participant Information Sheet. I allow my child to participate in this study and my child is willing to participate in this study under the conditions stated in the Participant Information Sheet. I have the right to withdraw my child, or he himself or she herself can withdraw from this study at any time without giving a reason. The withdrawal from this study will not affect his or her or my (*Specify only potential effects which participants may have such as use of service, treatment, teaching and learning, learning result, etc.*) in which he or she or I shall receive.

I have been informed that the researcher will treat my child in accordance with the statements written in the Participant Information Sheet; and all information involving my child will be strictly confidential. Only the overall research results will be published and no information in the report can lead to identification of my child and myself.

If my child is not treated according to the statements written in this Participant Information Sheet, I can contact the Thai Chamber of Commerce Ethics Committee, or the Office of Academic Affairs on the 6th floor of Building 21, the Thai Chamber of Commerce, Vibhavadee Rangsit Road, Ratchadapisek Sub-District, Dindaeng, Bangkok 10400 Telephone 02 697-6380-2

My child and I have thorough understanding of the statements written in the Participant Information Sheet and Assent Form. We hereby sign our names before a witness. I have been given a copy of the Participant Information Sheet and Assent Form.

Signature.....
(.....)
Principal Investigator
Date...../...../.....

Signature.....
(.....)
Participant
Date...../...../.....

Signature.....
(.....)
Witness
Date...../...../.....

Signature.....
(.....)
Father/Mother/Parent/Guardian
Date...../...../.....