**ASSENT FORM**

*I have been adequately informed of (or I have read and understood) the purpose, procedures, potential risks and benefits of this study. I have the opportunity to ask questions about it. Any questions that I have asked have been answered to my satisfaction. I know that I can refuse to participate in the study without any loss of benefit to which I would have otherwise been entitled. I understand that if I agree to participate, I can withdraw my consent at any time without any problem. I understand that any information collected will be treated confidentially. I freely agree to participate in the study, after signing below I will receive a copy of this consent form.*

Name of Participant: ………………………………………………………………………

Signature or Right Thumb Print (participant) ……………………………………

Date: ……./……./……..

Name of Parent/ Guardian: ……………………………………………………………………

Signature or Right Thumb Print (Parent/ Guardian) ……………………………………

Date: ……./……./……..

**For participants who cannot read nor write:**

The purpose, procedures, potential risks and benefits of this study was read and explained to me in the language I understand, and that all my questions have been answered to my satisfaction. I therefore agree to take part in this study.

Name of Participant: …………………………………………………………………………

Signature or Right Thumb Print (participant) ……………………………………

Date: ……./……./……..

The purpose, procedures, potential risks and benefits of this study has been translated to the participant in the language she/he understand and all questions were answered to the satisfaction of the participants.

Name of Translator: ……………………………………………………………………………

Signature or Right Thumb Print (Translator) ………………………………………………

Date: ……./……./……..

The information was translated to the participant in the language the participant understands.

Name of Witness: ………………………………………………………………………………

Signature or Right Thumb Print ……………………………………

Date: ……./……./……..

Study personnel

I have adequately informed the participant of the purpose, procedures, risks and benefits of this study. I have answered all questions to the best of my ability.

Name of study personnel: …………………………………………………………………

Signature…………………………………… Date: ……./……./……..