



Hydrotherapy for Duchenne muscular dystrophy CHILD (UNDER 16 YEARS) ASSENT FORM

(to be completed by the child and their parent/guardian)

Participant study number: _____

This research study has been explained to me and I understand what it is about. I have had a chance to ask questions and they have been answered in a way that I understand. If I need any more information, I can ask the researcher. If I want to stop taking part at any time, that's okay. I might be asked to take part in an interview and these will be recorded. My name and address will be given to a member of the University of Sheffield research so they can contact me for an interview. Some research forms which include my name will be sent by post to the University of Sheffield research team.

If you want to take part, you can write your name below

Your name: _____ Date: _____

The nurse/doctor who explained this to you needs to complete this as well.

Child's name (print) : _____

Nurse/Doctor's name (print) : _____

Nurse/Doctor signature: _____ Date: _____

Thank you for your help.