KEMRI-Wellcome Trust Collaborative Programme

INFORMED CONSENT FORM

Impact of malaria prevention on health and education in Kenyan schoolchildren

I, [being a guardian of _____ (name of child),] have had the research explained to me. I have understood all that has been read and had my questions answered satisfactorily. I understand that I can change my mind at any stage and it will not affect the benefits due to me/my child.
Please insert the boxes below or add others where relevant
□ **Yes** □ **No** *please tick* **I agree to participate/allow my child to take part in this research**
□ **Yes** □ **No** *please tick* **I agree to blood, urine and stools samples being stored**

Subject/Parent/guardian's signature: _____**Date** _____

Subject/Parent/guardian's name: _____ **Time** _____
(Please print name)

I certify that I have followed all the study specific procedures described in the SOP for obtaining informed consent.

Designee/investigator's signature: _____ **Date** _____

Designee/investigator's name : _____**Time** _____
(Please print name)

Only necessary if the parent/guardian cannot read:
I *attest that the information concerning this research was accurately explained to and apparently understood by the subject/parent/guardian and that informed consent was freely given by the subject/parent/guardian.

Witness' signature: _____ **Date** _____

Witness' name: _____ **Time** _____
(Please print name)

***A witness is a person who is independent from the trial or a member of staff who was not involved in gaining the consent.**

Thumbprint of the parent as named above if they cannot write: _____

THE SUBJECT/PARENT/GUARDIAN SHOULD NOW BE GIVEN A SIGNED COPY TO KEEP.