

**Appendix A: Form 4
Child Assent Form**

Assent form for ZAP Asthma Participants

Your family has agreed to take part in a special study to help take care of your asthma. We hope this will help you to feel better for longer periods of time. The study will also help us to learn more about asthma and the best way to prevent other children from being sick. Many other children and their families will also take part in the study. You do not have to take part if you do not want to. It will not cost your family any money.

If you want to be part of the study, a special health care worker will work with you and your family. She will visit your home and will teach your family about asthma and what might be making you feel sick. She will tell them what can be done to fix them. You will have to visit the clinic six times as part of the study. Each time, a small amount of blood will be taken from your arm so that we can look for some things that might be making you sick. You will also blow into a tube so we can test how well your lungs are working.

The study will last for two years. If you and your family decide that you want to quit, that is OK. If you agree to be in the study, you will learn a lot about asthma which will be important for your whole life.

If you agree to take part in the study, we ask you to sign this paper.

I agree to take part in the study, and all of my questions have been answered.

Signature of child

Name of child (please print)

Date

I have accurately described this study to the person who would be a subject in this study.

Signature of ZAP Asthma representative

Print name of ZAP Asthma representative

Date

Participant ID number _____