****

**Improving asthma treatments for children and young people**

Assent form for children and young people

**Please take your time to read the information sheet and ask any questions you have before signing this assent form. Please tick all the boxes.**

I have read and understood the information sheet and I have had the opportunity

 to ask questions.

I understand that I do not need to take part if I do not want to and that I am free to stop

taking part at any time without giving any reason.

I understand that the study involves changing my asthma treatment and I have discussed

these changes with my doctor and understand the possible side-effects.

I agree that a gene test can be taken (using a cotton swab) to find out my gene-type.

I agree to take part in the online questionnaire and am happy for my responses to be recorded

for the purposes of the study.

I agree to take part in lung function tests and exercise tests and I am happy for my results to

be recorded for the purposed of the study

I have talked to my parents/guardians and doctor about the study.

I agree to take part in the study.

Name of Participant…………………………………………………………………..

Signature………………………….………..Date…………………………………….

Name of Person seeking assent………………………………………………….....

Signature…………………………………..Date……………………………………..