ASSENT FORM

Project: New spectacle lens design for myopia control: ocular effects

This form will be held for a period of 6 years, after which it will be destroyed

Research Team:
John Phillips, PhD MCOptom (Senior Lecturer & Principal investigator)  j.phillips@auckland.ac.nz
Safal Khanal, OD (Research Optometrist & Co-investigator)  s.khanal@auckland.ac.nz

To: Participant children

I have been given and have understood an explanation of this study testing the effects that wearing new spectacle lenses may have on my eyes. I have had an opportunity to ask questions and have them answered in a way that I can understand.

I understand that I may withdraw myself or any information traceable to me at any time within the next month, without giving a reason.

I agree to take part in this study.

Child’s Name (print name): .........................................................................................................

Signature: .............................................   Date: .............................................

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE
ON 25/10/2018 for (3) years, Reference Number 022140