

CHRONIC POSTSURGICAL PEDIATRIC PAIN.

TITLE: RISK FACTORS TO DEVELOP CHRONIC POSTSURGICAL PEDIATRIC PAIN

INVESTIGATOR PRINCIPAL: GUILLERMO CENIZA-BORDALLO

PROJECT ENTITIES: COMPLUTENSE UNIVERSITY OF MADRID & 12 OCTUBRE PEDIATRIC HOSPITAL.

NUMBER OF IDENTIFICATION: 26/618

DATE: 15TH December 2020.

INFORMED CONSENT FORM

Research Project title: ***RISK FACTORS TO DEVELOP CHRONIC POSTSURGICAL PEDIATRIC PAIN***

The legal guardian should read and answer the questions paying attention

- Have you reded all information with this project? SI / NO
- Had you the opportunity to ask all questions about project? SI / NO
- Have you received satisfactoriness' answers? SI / NO
- Have you have understood that your child is free to abandon this project without this decision being able to cause you any harm? SI / NO
- Anytime? SI / NO
- Without no reasons? SI / NO

- Are you agree with you child participation in this project? SI / NO

- Will you receive any economic compensation for your child participation in this Project? SI / NO

Do you authorize the participation in the project of the person for whom you are responsible? (By signing the consent form, you agree to comply with the study procedures that have been exposed to you).

SI / NO

Name and surname of the volunteer's legal guardian:

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Firm of volunteer's legal guardian:

Date.....

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Phone number of volunteers' legal guardian:

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Are you agree with your participation in this project? (+ 12 years)

Name and surname of volunteer:

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Firm of volunteer:

Date.....

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