

Positive Parenting Program for Attention Deficit Hyperactivity Disorder: Maternal Perspective Shifts and Child Behavior Problems Reduction in a Clinical Trial

Consent form

Nadia Abed Alrahman Amro

Date :30/4/2023

NCT07069621

INFORMED CONSENT

AAUP-IRB Code No.:

AAUP-IRB Date:

I, (Name of Participant / optional) hereby agree to take part in the clinical research (clinical study/questionnaire study/drug trial) specified below:

Title of Study:

“Positive Parenting Program for Attention Deficit Hyperactivity Disorder: Maternal Perspective Shifts and Child Behavior Problems Reduction in a Clinical Trial”

.....
Fulfillment of PhD degree, in Philosophy of Nursing....., in AAUP.
(Name of program)

The nature and purpose of which has been explained to me byNadia Amro....., and interpreted by ...nadia amro..... to the best of his/her ability in English.

I have been told about the nature of the research in terms of methodology, possible adverse effects and complications (as per Participant Information Sheet).

After knowing and understanding all the possible advantages and disadvantages of this research, I voluntarily consent of my own free will to participate in the clinical research specified above.

I understand that I can withdraw from this research at any time without assigning any reason whatsoever.

Date:

Signature:
(Participant)

IN THE PRESENCE OF:

Name: ... nadia amro

Designation:the researcher, nadia amro..... Signature: Maysa Kassabry...

(Witness for Signature of Participant)

I confirm that I have explained to the patient the nature and purpose of the above-mentioned research.

Date: ...30/4/2023.... Signature: ... nadia amro

(Attending investigator)