

Effectiveness of an Educational Intervention on Basic Life Support for Caregivers of Children Under 1 Year: Crossover Clinical Trial

Date: March 20,2026

INFORMED CONSENT

CENTER: Bezana/Alisal/Altamira Health Center

Mr./Ms. _____

(Full Name in CAPITAL LETTERS)

I have read and understood the information sheet provided to me regarding the study mentioned above.

I have received sufficient information about the study.

I have asked all the questions I needed regarding the study.

I have discussed any doubts with the nurse
and clarified them.

I understand that my participation is voluntary.

I understand that I can withdraw from the study:

At any time

Without giving any reason

Without affecting my medical care

I understand that the personal information I provide will be kept confidential and will not be shown to anyone without my consent.

I understand that my participation in the study involves authorizing my involvement in a crossover clinical trial on cardiopulmonary resuscitation (CPR) and foreign body airway obstruction (FBAO) in children under 1 year of age, in which I will be randomly assigned to one of the following groups:

Group AB: I will first receive an explained information sheet about FBAO, and subsequently participate in a training workshop on FBAO and CPR. In each phase, I will complete a test to assess my knowledge and self-efficacy.

Group BA: I will first participate in a practical workshop on CPR and FBAO, and subsequently receive an information sheet and explanation about FBAO. In each phase, I will complete a test to assess my knowledge and self-efficacy.

I freely give my consent to participate in the study.

In _____ on the _____ of _____, 2025

Investigator's Signature Participant's Signature

REVOCATION OF CONSENT:

I, Mr./Ms. _____,
withdraw the consent I previously gave to participate in the study mentioned above.

Date and Signature: