Caregiver Participation Form

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| Mandatory and Verbatim: You are the primary caregiver for a person who is not able to participate in research without your assistance. Without your help, research into conditions that lead to mental / intellectual disabilities would in most cases be impossible. While you are not a research subject, you are an important participant in the research process. Caregiver Participation Form I have read the Informed Consent Form which describes the requirements for subject participation in this trial.  I am willing to assist Mr./Ms./Mrs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in participating in this trial by attending the clinic visits with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and providing information about his/her condition and any adverse events or other changes in his / her condition that may occur during this trial.  I understand the importance of maintaining the confidentiality of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s health information, including information regarding this trial.  I will try to inform Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ promptly if I am unable or unwilling to continue to support \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s participation in this trial.  Participant’s name (please print) \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Date  Participant’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Investigator’s name (please print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_  Date  Investigator’s signature \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |