

**ASSENT FORM FOR CHILDREN TAKING SUCRAID®**

You are being asked to read and sign this form because you take Sucraid® for a condition that causes you to be unable to digest table sugar, which is in a lot of your foods. Sucraid is the only FDA-approved drug for your condition.

The company that makes Sucraid is going to run out of its regular Sucraid in July and there will not be any regular Sucraid available for several months. However, you can choose to take another kind of Sucraid so that you can keep taking the drug. This Sucraid has a specific lot number on the bottle, A1147. This other kind of Sucraid was made in a place that has not been approved by the FDA. This other Sucraid has been tested and is very similar to the regular Sucraid but there is a small chance that this other kind of Sucraid could make you throw up or cause you to have a stomach ache that is different from what you are used to having. If you do take this different Sucraid, please let your doctor or your parents or other caregivers know right away if it causes you to have any problems.

If you do not want to receive this other kind of Sucraid, you do not have to say yes or sign your name on this form. No one will be mad at you if you say no. We hope that the regular Sucraid will be available again before the end of the year.

**By signing your name you are saying that you have talked with your doctor and parents/caregivers about taking this other kind of Sucraid. If you want to receive and use this other kind of Sucraid please sign your name.**

\_\_\_\_\_  
Assent by Child

\_\_\_\_\_  
Date

To the Physician/Clinician obtaining the assent:

If the child does not sign the form, but you believe the child has actively assented, please document on this form. State the specific behaviors (head shake yes, child said okay after you described the procedure, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**If the child is willing to receive and use the other kind of Sucraid and has signed or provided active assent, fax a copy of this form to the pharmacy Accredo at Fax: 866-777-7097.**