**SAMPLE ASSENT FORM FOR CHILDREN 7-12 years of age**

**Assent Form Template**: Wording should be very simple. A larger font is recommended, as well as simple schema and pictures to facilitate a child’s understanding of the text. The length should be limited to one or two pages maximum. If the child is not able to read, procedures may be used to present the information verbally to obtain verbal assent. This must be documented in source and in study records.

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|  |  | **Project Information** | | |  |
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|  | Project Title: |  |  | Project Number: |  |
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|  |  |  |  |  |  |
|  | ERC Ref No: |  |  | Sponsor: |  |
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|  |  |  |  |  |  |
|  | Principal Investigator: |  |  | Organization: |  |
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|  | Location: |  |  | Phone: |  |
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|  | Other Investigators: |  |  | Organization: |  |
|  |  |  |  |  |  |
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|  | Location |  |  | Phone: |  |
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**Why are we doing this study?**

We want to tell you about a research study we are doing. A research study is a special way to find out about new things that may benefit people. We are doing a research study about (***Describe purpose of the research in simple language***).

**Why am I being asked to be in the study?**

We are inviting you to be in the study because (***insert the name of medical condition or other reasons for inclusion***)

**What if I have questions?**

You can ask questions if you do not understand any part of the study. If you have questions later that you don’t think of now, you can talk to me again or ask (***Name of PI***) (include phone #).

**If I am in the study what will happen to me?**

If you decide that you want to be part of this study, you will be asked to (***describe procedures like blood withdrawal, giving medications etc.***), in words a child would know and understand. ***Include number of visits and time frame.***

**Will I be hurt if I am in the study?**

We want to tell you about some things that might hurt or upset you if you are in this study. There are (***procedures, things that take a long time, other risks, discomforts, etc.***) ***For example: The needle we use to take the blood may hurt and cause a bruise on your arm.***

**Will the study help me in anyway?**

We do not know if being in this study will help you to get better or benefit you in anyway. But we hope to learn something that will help other people someday.

**Do I have to be in this study?**

You can choose to be or not to be in this study. It is entirely up to you. If you say yes now, but change your mind later, that is okay too. All you have to do is tell us. Nobody will be angry or upset. If you decide not to be in the study, we will tell you what other kinds of treatments are there for you. We are discussing the study with your parents/guardians and you should talk to them about it too. Whatever you decide, we will still take care of you.

**What happens after the study?**

When we are finished this study we will write a report about what was learned. This report will not include your name or that you were in the study.

**Signature Section for Assent:**

If you decide you want to be in this study, please sign and/or print/write your name below to affirm your decision to participate.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print your name) would like to be in this research study.

If the child not able to read/write, verbal assent received: Yes  No  Not Applicable

Name of Assent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Assent (if applicable):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and Signature of Person Obtaining Consent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_