

WRITTEN ASSENT TEMPLATE FOR 7 – 14 YEAR OLDS

My name is _____ and I am a nurse/graduate student at _____.
I am conducting a research study entitled:

I am asking you to be a part of this study because you are a patient/student at _____. This form will tell you a little bit about the study so you can decide if you want to be in the study or not.

If you want to be in this study, you will be asked to _____. This study will take place _____. I will also ask you some questions about _____. You do not have to answer any question you don't want to. You can also stop being in this study at any time.

There may be some good things that might happen to you if you participate like _____. We might also find out information that will help other kids some day.

Please talk about this study with your parents before you decide if you want to be in it. I will also ask your parents if it is okay with them. Even if your parents say you can be in the study, you can still say that you don't want to. It is okay to say "no" if you don't want to be in the study. No one will be mad at you. If you say "yes" to being in the study now, but you change your mind later and want to stop, you can.

You can ask me any questions about this study the next time you see me. You can also talk to your mom or dad about this study. After all your questions have been answered, you can decide if you want to be in this study or not.

If you want to be in this study, and you can sign your name, please sign.

PRINT your name

Date

SIGN your name if applicable

Date

Signature of Person Obtaining Assent

Date

Witness

Date