**SAMPLE ASSENT FORM**

**Note to Subject:** If you want to be in this research study you will be asked to write your name on this form. You **do not** have to be in this study. If you do not want to be in this study, then that is OK, too.

**Introduction**

You are being asked to be in this research study, which has been explained to you by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Purpose**

The purpose of this study is to learn more about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Description of Procedures**

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If you do not feel comfortable with this study, you can stop participating at any time.

**Benefits**

This study is not expected to help you, but what is learned from the study may help other people.

**Confidentiality**

Information learned about all the participants in this study will be kept as secret as possible.

**Voluntary Participation**

You do not have to be in this research study. No one will be mad at you if you refuse to do this or if you decide to quit. Before signing this form make sure that all your questions about this research study have been answered.

**Signature**

I willingly agree to participate in this research study. I understand what \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has told me and I want to be in this study.

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| --- | --- |
| **Child Printed Name:** |  |
| **Signature:** |  | **Date:** |  **/ /** |
| **Parent/Guardian Name:** |  |
| **Signature:** |  | **Date:** |  **/ /** |
| **PI Name:** |  |
| **Signature:** |  | **Date:** |  **/ /** |