**ASSENT TO PARTICIPATE IN RESEARCH**

Insert title of the study, using language understandable to the children in the study.

1. My name is [identify yourself to the child by name/enter your name here]. I am from Mercy College.

2. We are asking you to take part in a research study because we are trying to learn more about [in a sentence or two, outline what the study is about in language that is both appropriate to the child’s maturity and age.]

3. If you agree to be in this study [describe what you will ask the child to do, in language that is both appropriate to the child’s maturity and age.]

4. [Describe any known risks to the child that may result from participation in the research. If there are no known risks, say so.]

5. [Describe any benefits to the child from participation in the research. If there are no direct benefits to the child, say so, and briefly describe the general benefits of the study.]

6. Please talk this over with your parents before you decide whether or not to participate. [This statement may be deleted for anonymous surveys of older children.]Your parents have given their permission for you to take part in this study. Even though your parents said “yes,” you can still decide not to do this.

7. If you don’t want to be in this study, you don’t have to participate. Remember, being in this study is up to you and no one will be upset if you don’t want to participate or even if you change your mind later and want to stop. [If there is an expectation of a student completing an assignment, mention it will not affect any grade received for completing the assignment by not participating in the study.]

8. You can ask any questions that you have about the study. If you have a question later that you didn’t think of now, you can call me [insert your telephone number] or ask me next time. [You may call me at any time to ask questions about your treatment. Alternative wording may be more appropriate, depending on the study procedures.]

9. Signing your name at the bottom means that you agree to be in this study. [If the study is related to treatment insert the following: Your doctors/therapists will continue to treat you whether or not you participate in this study.] You and your parents will be given a copy of this form after you have signed it.

[Include the following if a signature is to be obtained.]

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Signature of Subject

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Printed Name of Subject Date