

Agreement to Participate in Research

(For possible use with persons under the age of 18 years)

Your parent or guardian has said that it was okay for you to take part in a research study. Now we want to ask whether you want to take part in the study. Just because your parent or guardian said it was okay doesn’t mean that you have to. It’s really up to you. No one will be angry if you don’t take part in the study. No one will mind if you say that you want to take part in it now, but change your mind later. You can stop participating at any time.

On the rest of this form, you can read some information that will help you decide whether or not you want to participate. If you have any questions at any time, ask.

|  |  |
| --- | --- |
| The title of the project is |  |

|  |  |
| --- | --- |
| The name of person doing the research is: |  |

Your parent or guardian has other information in case you want to contact the investigator later.

**Here’s the information that will help you decide whether to participate in the research**

We are inviting you to take part in a research study we are doing. A research study is one way that we can learn more about (…)

We are inviting you to be in the study because you (…)

If you agree to take part this study, we will ask you to (…)

Like with anything, there may be some risks. (Explain risks, if any, in simple, age-appropriate language.)

(Explain possible benefits in simple, age-appropriate language and whether participating in the study will benefit the participant. See one of the other Informed Consent templates for guidance.)

As we said up top, you don’t have to participate if you don’t want to. No one will be angry if you don’t participate. No one will mind if you say that you want to participate now, but change your mind later. You can stop what you’re doing in the study at any time.

You can also ask any questions at any time. No one will mind.

If you sign your name below, it means that you agree to take part in this research study.

Print your name in the white box below.

|  |
| --- |
|  |
| Printed Name of Child/Adolescent Participant |

Sign your name in the grey box. Fill in the date, too. (We’ll tell you what it is if you don’t know.)

|  |  |
| --- | --- |
|  |  |
| Signature of Child/Adolescent Participant | Date |

***You can stop here. The researcher will fill in the information below this line.***



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

Print Name of Person Obtaining Assent

|  |  |
| --- | --- |
|  |  |
| Signature of Person Obtaining Assent | Date |