**Sample Child Assent Form for Children 7-13 years**

**Child Assent to Participate in a Research Study**

**………………………………………………………………………………….**

**Title of Study:**

**Investigator(s):**

(List Name, Department, Telephone number for each Investigator)

**………………………………………………………………………………….**

We are doing a study to learn       .

We are asking you to help because we don’t know very much about       .

If you agree to be in our study, we will ask you       .

What we learn in this research may help other children with       .

It’s possible you will feel       .

You may ask us questions at any time.

You may ask to skip a question, or to stop at any time.

The questions we ask are only about what you think. There are no right or wrong answers because this is not a test.

If you sign this paper, it means you have read / have been told about our study and you want to be in it. If you don’t want to be in the study, don’t sign the paper. Being in the study is up to you, and no one will be upset if you don’t sign the paper, or if you change your mind later.

Child’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Investigator’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_