# Assent Form Instructions:

Two templates are included that provide the basic elements for minors to provide assent. These templates could also be sued as a model for higher functioning individuals with diminished mental capacity.

For children younger than 7, assent forms are not required but include information in the consent section regarding what you will say to them about the study (where appropriate).

More information about research with children can be found at <https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/children-research/index.html>.

# Template Instructions:

You may use either template on the following pages to create a written assent form or use it as a guide for information that must be included in the informed consent process. The red text provides instructions and/or example text. Delete all the text in red after you have customized the information for your use as well as the instructions on these first two pages.

Allen College

**Human Participants Review**

**Informed Assent**

(Sample Child/Minor Assent Form)

# For child approximately 7-10 years old

Project Title: (as it appears on the IRB application)

Name of Principal Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been told that my mom, dad, or the person who takes care of me has said that it is okay for me to take part in an activity about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Include enough information about what the child will be asked to do so that s/he can reasonably make a choice to participate or not.]

I am doing this because I want to. I have been told that I can stop my part in the activity at any time. If I ask to stop or decide that I don’t want to do this activity at all, nothing bad will happen to me.

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

Name Date

Allen College

**Human Participants Review**

**Informed Assent**

(Sample Child/Minor Assent Form)

**For child approximately 11-17 years old**

Project Title: (as it appears on the IRB application)

Name of Principal Investigator(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have been told that one of my parents/guardians has given his/her permission for me to participate in a project about\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. [Include enough information about what the child will be asked to do so s/he can reasonably make a choice to participate or not.]

I understand that my participation is voluntary. I have been told that I can stop participating in this project at any time. If I choose to stop or decide that I don’t want to participate in this project at all, nothing bad will happen to me. My grade/treatment/care (include as appropriate) will not be affected in any way.

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

Name Date