

## **Assent Form (For Children between 7-18 years old)**

**1. What do we wish to tell you?**

I am Dr/Prof. \_\_\_\_ We want to tell you about the research study that we are doing. A research study is when doctors/researchers collect a lot of information to learn more about something related. It is about -----.

**2. Why are we doing this study?**

We want to find out \_\_\_\_\_,

So, we are getting information from boys and girls in your age.

**3. What will you have to do for the study?**

**4. How long will the study be for?**

**5. What will happen to you if you are in this study?**

**6. Is this bad or dangerous for you to get involved in this study? Will this study hurt you? (explain risks involved as applicable)**

**7. Do you get anything for being in this study?**

[Mention any reimbursements or small gifts/incentives]

**8. Will I tell you the results?**

[Include details if relevant. Also inform about possibility of publication and keeping confidentiality in publication]

**9. Do you have any questions?**

You can ask questions any time. You can ask now. You can ask later. You can talk to me or you can talk to someone else.

**10. Do you have to be in this study?**

Your participation is voluntary in this study

**11. Who can you talk to or ask questions to? Contact information for those people who the child can contact easily (a local person who can actually be contacted). Tell the child that they can also talk to anyone they want to about this (their own doctor, a family friend, a teacher).]**

**12. Signature of Person Conducting Assent Discussion**

I have explained the study to \_\_\_\_\_ (print name of child here) in language he/she can understand, and the child has agreed to be in the study.

\_\_\_\_\_  
Signature of Person Conducting Assent Discussion

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Person Conducting Assent Discussion (print)

**Assent Statement**

I have read this information (or had the information read to me) I have had my questions answered and know that I can ask questions later if I have them. I agree to take part in the research.

\_\_\_\_\_  
Name of child

\_\_\_\_\_  
Signature of child

\_\_\_\_\_  
Date

OR

I do not wish to take part in the research, and I have not signed the assent below.

\_\_\_\_\_

(Initialed by child / minor)

I have witnessed the accurate reading of the assent form to the child, and the individual has / had the opportunity to ask questions. I confirm that the individual has given consent freely.  
[in case of illiterate child]

Name of witness (not a parent) \_\_\_\_\_

Thumb print of participant \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_

Name of Investigator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investigator \_\_\_\_\_

(Copies of the Child Information Sheet and Duly Filled and Signed ICFs of Child and Parent shall be handed over to the participant of his / her attendant).