

ASSENT FORM FOR CHILDREN FROM TEN YEARS OF AGE TO EIGHTEEN

Study Title

_____ -explained this research project to me. I understand what will happen during this research, I have asked questions I want to ask and they have been answered. I know I can stop being in this study at any time by telling my parents or Dr. _____ that I do not want to be in the study. It is OK to say No. No one will get mad at me if I say No or stop. I agree to be in this research study.

Signature of Child

Date

PARENT OR GUARDIAN

Since the patient is under 18 years of age and has given their assent, I am being asked based on all the information provided in the research informed consent to give my permission to allow their participation in this study.

Signature of Parent or Guardian

Date

This statement has been read to the above child and he or she seems to understand.

Signature of Person Obtaining Assent

Date