

**SAMPLE 8 YEARS AND UNDER CHILD ASSENT FORM**

**Assent is only obtained after the parent has consented.**

(TITLE of STUDY)

Hi, I'm (YOUR NAME) and I'm going to school, too. I am interested in (SIMPLE DESCRIPTION OF STUDY OBJECTIVE). I would like you to (SIMPLE DESCRIPTION OF ACTIVITY CHILD WILL BE DOING AND FOR HOW LONG).

If you want to rest, or stop completely, just tell me. You won't get into any trouble! In fact, if you don't want to (DO XYZ) you don't have to. Just say so. Also, if you have any questions about what you'll be doing, or if you can't decide whether to do it or not, just ask me if there is anything you'd like me to explain.

If you do want to try it, please sign your name on the line below. Your parent(s) have already told us that it is all right with them if you want to (DO XYZ). Remember, you don't have to, and once you start you can rest or stop whenever you like.

Signature

Date

\_\_\_\_\_

\_\_\_\_\_

(FOR VERY YOUNG CHILDREN), receive verbal consent?

Yes

No