

## Assent Form (for minors)

**Title of Study:** [Insert Study Title]

**Principal Investigator:** [Insert Name]

**Contact Information:** [Insert Contact Details]

**Purpose of the Study:** We are asking you to be in a research study because [briefly describe the study's aim].

**What Will Happen:** If you agree to be in this study, you will [describe what the child will do].

**Time Required:** The study will take about [insert duration].

### Risks and Benefits:

- **Risks:** [Describe any potential risks]
- **Benefits:** [Describe any potential benefits]

**Confidentiality:** Your information will be kept private. [Explain how data will be stored and protected]

**Voluntary Participation:** You do not have to be in this study if you don't want to. You can stop at any time.

**Child's Agreement:** If you agree to be in this study, please sign below.

**Child's Name:** \_

**Child's Signature:** \_

**Date:** \_

**Parental/Guardian Consent:** I have read the information provided about the study and agree to my child's participation.

**Parent/Guardian's Name:** \_

**Parent/Guardian's Signature:** \_

**Date:** \_