Sample Assent Form

(For written assent from minors who are age 12 and over)

I, _____ understand that my parents have given permission for me to participate in a study concerning _____ under the direction of _____.

(Provide a description the study, the risks and benefits of the study, of what participants are asked to do in the study, and/or what will happen to them in the process)

My participation in this project is voluntary. I understand that I may stop participating at any time. If I choose not to participate it will not affect my _____ (grade, treatment, care, etc.) in any way.

I understand that if I have questions about this study, I can contact Dr. _____ at any time.

Do you understand this study and are you willing to participate?

□ YES □ NO

_____ _____

Signature Date