**Assent Form for Minor Subjects**

*[In all sections below, be sure to use language that is both appropriate to the minor’s maturity and age]*

**Project Title**: [Provide title]

**Principal Investigator (person running this study)**: [identify yourself to the child by name]

**You are being asked to be in a research study.**

**Purpose**: Simply outline what the study is about.

**What Will Be Done**: Simply explain what will be done to the child or what the child will be asked to do for research purposes.

You will be in the study for [explain how long]

**Costs or Payments to You**: Example: You will not have to pay anything, and you won’t be paid for being in this study].

**Risks/Discomforts**: Simply explain the possible risks associated with the study, and explain if it differs from the risk that could occur outside of the study.

**Benefits**: There is no direct benefit to you if you are in this study. OR You may benefit from being in this study by [explain]. By being in this study, you will also help us better understand [explain, based on the purpose].

**In Case of Injury**: If you get hurt as a result of being in this study, your parents/ guardian have been told what to do. You can also tell **(Dr.) P. Investigator, at 123-456-7890, or email@monmouth.edu**

**Your Rights**:

Information that you are in this study will be kept a secret as much as possible.

You don’t have to be in this study if you don’t want to be.

You can change your mind at any time and leave the study at any time (for example, stop answering questions or doing what we have asked at any time) without any problem and without telling us why.

**Questions**:

If you have any questions about this study, you can ask your parents or guardian, or talk to the person running this study, **(Dr.) P. Investigator, at 123-456-7890, or email@monmouth.edu**

If you want to talk to someone about whether or not you have to be in this study, or about other things about this study that you don’t want to talk over with your parents or the person running this study, you can contact the group at Monmouth University which makes sure that studies are ok for you to be in, called the ‘Institutional Review Board (IRB)’ at [irb@monmouth.edu](mailto:irb@monmouth.edu), 732.263.5726.

If you sign below, it means that you have read this form and you would like to be in this study. We will give you a copy of the assent form for you to keep.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Assent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Person Obtaining Assent