**Child Assent Form [Template]**

**[Replace text in brackets - It should be written at an appropriate age level]**

**Title of Study:** [Insert name of study here]

**Investigators:** [List names and affiliation]

**IRB Study Number:** [Include number assigned to your approved project]

**KEY INFORMATION**

I(We) are from Merrimack College and I/we am/are asking you to participate in a research study. Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer. Research studies help us learn new things. We can test new ideas. First, we ask a question. Then we try to find the answer.

I/We do research studies to learn more about how the world works and why people act the way they do. In this study, I/we want to learn about [topic of study].

**Is My ParticipationVoluntary?**

Yes You do not have to be part of this study. It is up to you. You can say no now or change your mind later at any point. No one will be upset with you if you decide not to be in this study.

The purpose of the study is to [add details].

Your involvement in the study will last [add the length of time].

You are being asked to do the following procedures or do the following activities [list them].

**Will Being Part of This Study Hurt or Help Me in Any Way?**

Being in this study should bring you no harm. There are no direct benefits or help to you for being a part of this study. It will hopefully help us learn more about [study topic].

[Describe any potential discomforts participants might experience.]

**Alternatives**

[Describe any alternative procedures or courses of treatment, if applicable.]

**THE STUDY**

**What Are You Asking Me to Do?**

We would like to ask you to [describe study procedures, such as take an X minute quiz or complete an X minute survey for a class or study]..

**What Will You Do With Information About Me?**

I/We will be very careful to keep your answers to the[quizzes and/or survey questions]and anything you do during the study private and they will not be shared with anyone. Before and after the study all information collected about you will be locked up and password protected.

If you want to stop doing the study at any time, please tell the researcher. If you choose to stop before it is finished, anything you have done will be erased. There is no penalty for stopping. If you decide that you don’t want to be any part of the study even if you’ve already done things or turned things in, just let [member of the research team] know and you will be able to stop.

**If I Have Questions about the Study, Who Should I Contact?**

[Insert contact information for the research team here, including telephone and email.]

You are also welcome to contact:

The Merrimack College Institutional Review Board

Phone number: 978-837-5280

Email address: irb@merrimack.edu

**If I Have Questions about My Rights in the Study, Who Should I Contact?**

The Merrimack College Institutional Review Board

Phone number: 978-837-5280

Email address: irb@merrimack.edu

**Agreement**

By signing this form, I agree to be in the research study described above.

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Your Printed Name

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Your Signature Date

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Person Obtaining Consent's Name (print)

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Person Obtaining Consent's Signature Date

**You will receive a copy of this form.**