**Rady Children’s Hospital–San Diego**

**and University of California, San Diego**

**CHILD ASSENT FORM**

(ages 7-12)

[Please note, the child assent form should be an explanation of the research procedures in a language and length that is appropriate to the child’s age, experience, maturity, and condition. It is suggested that the child assent form be written at the second-grade reading level.]

1. **Study Title and Number**

Study Title: [Use an abbreviated study title to identify the study]

Study Number: [Insert study number from Kuali]

1. **Study Information**

Dr. [fill in PI’s name] and their research team are doing a research study to find out more about [fill in research topic]. You are being asked if you want to be in this study because you have [fill in name of condition/reason the child is being asked to participate].

If you decide you want to be in this research study, this is what will happen to you:

[List study procedure(s) here using language and length appropriate for this age group.]

Sometimes kids don’t feel good while being in this study. You might feel these things:

[List possible risks using language and length appropriate for this age group such as “get bored,” “get tired,” “get embarrassed,” “get a headache,” “get a rash on your skin,” “get an upset stomach,” etc.]

If you feel any of these things, or other things, be sure to tell your mom or dad.

[Describe any benefits to the child from participation in the research]

Please talk this over with your parents before you decide whether or not to participate. You don’t have to be in this research study if you don’t want to. Nobody will be mad at you if you say no. Even if you say yes now and change your mind after you start doing this study, you can stop and no one will be mad.

We will also ask your parents to give their permission for you to take part in this study. But even if your parents say “yes” you can still decide not to do this.

Be sure to ask Dr. [fill in PI’s name] or their research team to tell you more about anything you don’t understand. You can ask any questions that you have about the study. If you have a question later that you didn’t think of now, you can call me [insert your telephone number] or ask me next time. [if applicable: You may call me at any time to ask questions about your disease or treatment.]

Signing your name at the bottom means that you agree to be in this study. [if the study is related to treatment insert the following: Your doctors will continue to treat you whether or not you participate in this study.] You and your parents will be given a copy of this form after you have signed it.

 Yes, you will be in this research study. No, you don’t want to do this.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_*

Write your name on this line Date

###### Signature Of Person Obtaining Assent

In my judgment, the participant is voluntarily and knowingly giving assent and possesses the legal capacity to give assent to participate in the study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *\_\_\_\_\_\_\_\_\_\_\_\_*

Signature of person obtaining assent Date