**ASSENT FORM FOR MINORS**

**ASSENT TO PARTICIPATE IN RESEARCH FORM**

**MISERICORDIA UNIVERSITY**

**WHO ARE YOU?** My name is *[Identify yourself to the minor child by name].*

**WHY IS THIS RESEARCH STUDY BEING DONE?**

We are asking you to take part in a research study because we are trying to learn more about *[Outline what the study is about in language that is appropriate to the child’s maturity and age].*

**IF I AGREE TO BE IN THE STUDY WHAT AM I BEING ASKED TO DO?**

If you agree to be in this study, you are being asked to: *[Describe what will take place from the child’s point of view in language that is appropriate to the child’s maturity and age. Please also mention compensation if applicable.]*

**COULD BEING IN THE STUDY HURT OR MAKE ME FEEL BAD*?*** *[Describe any risks to the child that may result from participation in the research in appropriate age vocabulary.]*

***\*If no direct benefits, you can delete this section]***

**COULD BEING IN THE STUDY BE GOOD FOR ME OR HELP ME?** *[Describe any benefits to the child from participation in the research in appropriate age vocabulary.]*

**SHOULD I TALK THIS OVER WITH MY MOM/DAD/GUARDIAN?**

Please talk this over with your parent/guardian before you decide if you want to be in the study. I will also ask your parent/guardian for permission for you to be in this study.

You and your parent/guardian will both need to say “yes” for you to be in the study.

But even if your parent/guardian said “yes”, you can still decide not to do this.

**WHAT IF I DON’T WANT TO BE IN THE STUDY OR IF I WANT TO STOP BEING IN THE STUDY BEFORE IT’S OVER?**

If you don’t want to be in this study anymore, you don’t have to be. Remember, being in this study is up to you and no one will be mad if you don’t want to participate or even if you change your mind later and want to stop.

**WHAT IF I HAVE QUESTIONS?**

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 and email address if age appropriate]* or ask me when I come back.

**\**[If age appropriate (middle school and up) add the name and contact information for the IRB Administrator if not, delete this section]***

For questions about your rights as a research participant, contact Misericordia University IRB at 570-674-6218 or via e-mail at irb@misericordia.edu.

**Signing your name at the bottom means that you agree to be in this study. *Use this statement if appropriate:***You and your parent/guardian will be given a copy of this form after you have signed it*.*

Name of Minor (please print)

Signature of Minor Date

Signature of Investigator or Designee Date