

**BRIDGEPORT HOSPITAL
CHILD'S ASSENT TO PARTICIPATE IN A RESEARCH STUDY**

Title: _____

Principal investigator: _____

Title: *[Include a simplified version of the research title]*

Why am I here?

We are asking you to take part in a research study because we are trying to learn more about *[briefly outline the purpose of the study in language that is both appropriate to the child's maturity and age]*. We are inviting you to be in the study because *[state why the child is being asked to participate]*.

Why are they doing this study?

[Outline what the study is about in language that is both appropriate to the child's maturity and age]

What will happen to me?

[Describe what will take place from the child's point of view in language that is both appropriate to the child's maturity and age]

Will the study hurt?

[Describe any risks to the child that may result from participation in the research]

Will the study help me?

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

Are there other treatments or alternatives for me?

Study Title:
Principal Investigator:

[Describe alternatives to participation, or if non-treatment/participation is an option]

What if I have any 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 study doctor's telephone number*] or ask me next time. [*If applicable: You may call me at any time to ask questions about your disease or treatment.*]

Do my parents know about this?

This study was explained to your parents and they said that you could be in it. You can talk this over with them before you decide.

Do I have to be in the study?

You do not have to be in the study. No one will be upset if you don't want to do this. If you don't want to be in this study, you just have to tell them. You can say yes now and change your mind later. It's up to you.

Study Title:
Principal Investigator:

Writing your name on this page means that that you agree to be in the study, and know what will happen to you. If you decide to quit the study all you have to do is tell the person in charge.

Signature of Child

Date

Signature of Researcher

Date

**** THIS FORM IS NOT VALID UNLESS IT BEARS IRB STAMP ****

This Form is Valid Only Until

IRB Protocol No. _____
Initialed _____