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|  |  | Grand Canyon University  College of Doctoral Studies  3300 W. Camelback Road  Phoenix, AZ 85017  Phone: 602-639-7804  Email: irb@gcu.edu |

**WRITTEN CHILD ASSENT FORM**

**(EXAMPLE TEMPLATES)**

The following are examples of templates. Please use **one** as a model that is most appropriate for your study population. Language should be age appropriate for the study.

Sample 1

Study Name

I have been told that my parents (mom or dad) have given permission (said it's okay) for me to take part in a project about \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (briefly describe the task(s) involved and how long participation will take).

I am taking part because I want to. I know that I can stop at any time if I want to and it will be okay if I want to stop.

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

Sign Your Name Here Print Your Name Here

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

Date

Sample 2

STUDY NAME

I have been informed that my parent(s) have given permission for me to participate in a study concerning\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I will be asked to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (briefly describe the task(s) involved and how long participation will take).

My participation in this project is voluntary and I have been told that I may stop my participation in this study at any time. If I choose not to participate, (it will not affect my grade, treatment/care, ***whichever applies - select only one***) in any way.

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

Signature Printed Name

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

Date

Sample 3

EXAMINING DIET AND FITNESS AMONG ADOLESCENTS (Study Title)

My name is Sally Research. I work at Grand Canyon University.

I am asking you to take part in a research study because I am trying to learn more about exercise and nutrition. I want to study about the types of exercises kids your age do and what kinds of food they eat. Your parent(s) have given you permission to participate in this study.

If you agree, you will be asked to fill out a survey (written set of questions). You will be asked how often you exercise and what kind of exercises you do. You will also be asked the kind of foods you eat. You will be asked to provide your height and weight. Answering these questions will take about 15 minutes. You do not have to put your name on the survey. You do not have to answer any questions that make you uncomfortable.

You do not have to be in this study. No one will be mad at you if you decide not to do this study. Even if you start the study, you can stop later if you want. You may ask questions about the study at any time.

If you decide to be in the study I will not tell anyone else how you respond or act as part of the study. Even if your parents or teachers ask, I will not tell them about what you say or do in the study.

Signing here means that you have read this form or have had it read to you and that you are willing to be in this study.

Signature of subject\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subject’s printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of investigator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_