

H#:

Office of Institutional Board of Research Associates
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WHEN THE SUBJECT IS A CHILD: ASSENT FORM

My parent/guardian knows about this study and wants me to be in the study if I want to. I do want to be in the study, but I know that I can stop being in the study any time I want to. I know that my study doctor can talk about the study with my parent/guardian, but will not talk about it with anyone else who is not working on the study unless I and my parent/guardian say it is OK. I can call the study doctor any time I have any questions.

Signature of Child

Date

I have solicited the assent of the child.

Signature of Person Obtaining Assent/Consent

Date

Consent of Parent or Guardian:

- I agree with the manner in which assent was solicited and given by my child and I agree to have my child participate in the study.
- Although my child did or could not give his/her assent, I agree to have my child participate in the study.
- I will be given a signed copy of this Consent Form.

Print Name of Parent(s)

Date

Signature of Parent(s)

Date

Print Name of Legal

Date

Signature of Legal Representative

Date

1 of 1

Subject's Initials: _____ Date: _____

IRB Official Use Only

This Consent Document is approved for use by the New York University's Institutional Review Board (IRB). Only the IBRA-stamped approved form may be used.

Approved From: _____ To: _____
The study expiration date applies for this form

Template last revised: 3/23/03
cd_assent

