Burrell College of Health Sciences
Assent Form Template for Research Participants

Principal Investigator:
Department:
Study Title:

About This Study
We are doing a research study at Burrell College of Health Sciences. We would like to tell you about the study so you can decide if you want to be in it.

Your Choice
Being in this study is your choice. No one will be upset if you decide not to be in the study. If you join and later change your mind, you can stop at any time.

Purpose of the Study
In simple words, the purpose of this study is: [Describe purpose in age-appropriate language].

Why Am I Being Asked?
You are being asked to be in this study because: [Describe eligibility].

How Many People Will Be in the Study?
About [XXX] people will take part in this study.

What Will Happen If I Join?
If you join this study, you will be asked to:
• [Activity 1]
• [Activity 2]
• [Activity 3]
The study will last about [time period].

Could Anything Bad Happen?
Some things may be uncomfortable or inconvenient. Risks may include: [Describe risks in wording appropriate to participant age]. You may skip questions or stop if you do not want to continue.

Could Anything Good Happen?

You may or may not benefit from being in this study. What we learn may help other people in the future.

Privacy

We will do our best to keep your information private. Your name will not be used in reports unless required by law or explained to you and your parent/guardian.

Questions

You may ask questions at any time. Please talk with the researcher, your parent/guardian, or another trusted adult if something is unclear.

Agreement

Please check one box:

□ YES, I want to be in this study.
□ NO, I do not want to be in this study.

Participant Name (Printed)	
Participant Signature	Date
Person Obtaining Assent (Printed)	
Signature of Person Obtaining Assent	Date