



FRIENDS RESEARCH INSTITUTE, INC.

Research Center/Clinic
[Insert name and address]

ASSENT TO PARTICIPATE IN RESEARCH

Title of the Research Study
[Insert lay title of the study]

1. My name is (identify yourself by name to the child)
2. We are asking you to take part in a research study because we are trying to learn more about (provide an outline of the study that is appropriate to the child's ability to understand).
3. If you agree to be in this study (describe what will take place from the child's point of view).
4. (Describe any risks that may result from participation in the research.)
5. (Describe any benefits to the child from participating in the research.)
6. Please talk this over with your parents before you decide whether or not to participate. We will also ask your parents to give their permission for you to take part in this study. But even if both of your parents say "yes" you can still decide not to be in this study.
7. If you don't want to be in this study, you do not have to participate. Remember, being in this study is up to you and no one will be upset if you don't want to participate or even if you change your mind later and want to stop.
8. You can ask any questions that you have about this study. If you have a question later that you didn't think of now, you can call me (phone number) or ask me the next time you see me.
9. Signing your name below means that you agree to be in this study. (If the study is related to treatment, insert: Your doctors will continue to treat you whether or not you participate in this study.) You and your parents will be given a copy of this form after you sign it.

Name of Participant

Date

Signature of Investigator

Date

FRI Protocol:
Version Date: