

# Child Assent Document

## Title of Study

[Insert Study Title Here]

## Who Is Doing This Study?

[Insert Researcher's Name and Contact Information]

## Why Are We Doing This Study?

We are inviting you to be in a research study because [brief child-friendly explanation of the study purpose].

## What Will Happen?

If you agree to take part, you will be asked to [briefly describe what will happen, using simple language].

## Will It Hurt?

[Explain any risks, discomfort, or say if there are none.]

## Will This Help Me?

[Explain any direct benefit, or say there may be none.]

## Do I Have to Be in This Study?

You do not have to be in this study if you don't want to. It's your choice. If you say yes, you can change your mind at any time.

## Who Can I Talk To?

If you have any questions, you can ask your parent or guardian, or you can talk to [researcher's name/contact].

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**If you want to be in this study, please write your name below.**

Child's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Researcher/Witness: \_\_\_\_\_

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## Important Notes About This Document

- This document is written in language appropriate for children.
- It explains the study in a way children can understand.
- Assent means the child agrees to participate.
- Parental or guardian consent is also required for participation.
- Children can withdraw from the study at any time.