|  |  |
| --- | --- |
| Project Title |  |

|  |  |
| --- | --- |
| Investigators |  |

|  |  |
| --- | --- |
| Sponsor(s) |  |
| Name of Child  (participant) |  |

**ASSENT**

The person doing this experiment has explained to me what will happen if I take part in this activity. I know that no one will get mad at me if I say no. I agree to be in this experiment.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Child |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Witness |  | Date |  |

**WAIVER OF THE ASSENT OF THE CHILD**

I have determined that this child does not have the capacity to give assent because of the following:

|  |  |  |  |
| --- | --- | --- | --- |
|  | Age | Maturity | Psychological State of the Child |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Investigator |  | Date |  |

Despite the fact that this child does not wish to participate in this study, it has been determined by both parents and the investigator that it is in the child's best interest to participate in this study.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Investigator |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Investigator |  | Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature of Investigator |  | Date |  |