

Informed Assent Form Template for Children/Minors

1. Name of the Principal Investigator/s: _____
2. Name of the collaborators and their affiliation: _____
3. _____
4. Title of the Project: _____
5. Name of the Host Institution/ Organization: _____
6. Name of the Funding Agency: _____

PART I : Information Sheet

My name is ____ and I work on researching and testing vaccines to find out which ones are most effective in preventing before it can make someone sick(improvise according to the relevance of the study). We want to see if this treatment/ medicine/method can help stop children from getting sick, and we believe this study could give us important answers.

I'm here to provide you with information and invite you to be part of this research study. You can choose whether or not you want to participate. We've already discussed this research with your parent(s)/guardian, and they understand that we're also asking for your permission. If you decide to take part in the study, your parent(s)/guardian must also give their consent. However, if you don't want to participate, that's perfectly alright, even if your parent(s) have agreed.

You are welcome to talk about this study with your parents, friends, or anyone else you trust. You don't need to make your decision right away, and you can take your time to discuss it before deciding.

If there's anything you don't understand or if you want me to explain something in more detail because you're curious or concerned, please feel free to ask. You can ask me to stop and explain at any time.

(your institutional logo)

1. Brief introduction about your research: _____

2. Objective of the Study: _____

3. Participants Selection (a brief description about selection criteria): _____

4. Voluntary Participation: _____

5. Procedure and Protocol:

- Description of the process:
- Measures and precautions:
- Medical assistance and care that will be provided to the participants:
- Duration of the Study:

(your institutional logo)

6. Benefits:

7. Privacy and Confidentiality:

8. Ethics Approval:

Contact Information: If you have any queries or concerns, please reach out to _____

PART 2: Certificate of Assent

I have read this information (or it has been read to me). My questions have been answered, and I understand that I can ask more questions later if I need to.

I agree to participate in the research.

Print name of child _____

Signature of child: _____

Date: _____

day/month/year

OR

I do not wish to participate in the research, and I have not signed the assent below.

(your institutional logo)

_____ (by child/minor)

If the participant (minor) cannot read or write/hesitant to sign:

I confirm that I have witnessed the accurate reading of the consent form to the participant, and the participant has had the opportunity to ask questions. I affirm that the participant has freely given their consent.

Witness's Name (Print): _____

Thumbprint of Participant: _____

Witness's Signature: _____

Date: _____

(Day/Month/Year)

Or

YES

NO

Statement by the researcher/person taking consent

I have accurately read out the information sheet to the potential participant, and to the best of my ability made sure that the child understands that the following will be done:

1.

2.

3.

I confirm that the child was given an opportunity to ask questions about the study, and all the questions asked by him/her have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

A copy of this assent form has been provided to the participant.

(your institutional logo)

Print Name of Researcher/person taking the assent _____

Signature of Researcher /person taking the assent _____

Date _____

Day/month/year

Copy provided to the participant _____(initialed by researcher/assistant)

Parent/Guardian has signed an informed consent ___Yes ___No _____(initialed by researcher/assistant)