

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 _____