*Note (REMOVE THIS TEXT BEFORE SUBMITTING):*

*Blue text in brackets is information that needs to be entered. Red text is optional, sample phrasing.*

*Edit this document to accurately reflect your project and IRB requirements.*

**[Title of Project]**

**Assent to Participate in Research**

[Version date]

You are being asked to join a research study by [PI name, the Principal Investigator, and researcher name(s)], from the [department name]. This project is to [briefly describe purpose].

If you join the project, you will be asked to [briefly describe what will happen to the participant in the project, where it will take place, the duration of the study, etc.].

If you join, there may be some risks, bad things that happen, [describe the risks]. There may also be some benefits, or good thing that happen, [describe the benefits].

If you do not want to join the project, you can [alternative choice to participation].

Any information about you will be kept secure by the researchers by [describe confidentiality plan].

If you join the study, you will get [describe compensation].

We would like you to talk with your parents about this before you decide to join or not join this study. We will also ask your parents if they want you to be in this study.

If you have any questions at any time, please call or email [PI name] or any of his/her assistants at [contact information]. If you would like to talk to someone else, you can call the Office of the IRB at (505) 277-2644 or email at IRBMainCampus@unm.edu.

You do not have to be in this study. If you do choose to be in the study, you can change your mind at any time. The researcher won’t care if you change your mind or if you don’t want to join this study.

Signing this form means you have read this form and all of your questions have been answered. You and your parents will be given a copy of this form.

I agree to join this study.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Name of Child Participant Signature of Child Participant Date

#### Researcher Signature (to be completed at time of informed consent)

I have explained the research to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to participate.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Name of Research Team Member Signature of Research Team Member Date