# Minor Assent Form (ages 14-17)

## Instructions for researchers

***Fill in the blue highlighted areas as applicable. Then, delete the (parenthetical instructions), delete items at the end of the template that do not apply, and remove the highlights. Please use age-appropriate language and short sentences.***

## Introduction

My name is (name). (I/we) am a (student, teacher, doctor, nurse, nurse practitioner, or employee) at USC. I/we are doing a study on (briefly describe the purpose of the study in children’s terms.) (I/we) invite you to participate.

## You are invited to be in this study because

1. Your parent or guardian says this is ok. Even if your parent or guardian says it’s ok, you don’t have to be in the study.
2. (List the main qualification for participation.)

## What you will do in the study

If you want to be in the study, you will be asked to:

1. (List each activity, in age-appropriate terms, and include the time each activity will take.)
2. (Example: Fill out a survey. This will take 30 minutes.)
3. (Example: Answer 10 questions. This will take 1 hour.)
4. (Example: Collect a blood sample by pricking your finger.)

I hope to have (total number) children/teens in this study.

## Risks

State the risks, in age-appropriate terms.

Example: If you do not like the questions I ask, you might feel stress. Example: You might like doing X.

Example: It may hurt when we take the blood sample from your finger. However, the pain will go away in a few minutes.

## Helping you or others

Being in this study (may or may not) help you.

This study may help people learn about (topic). (Describe benefits to others or the field, in children’s terms.)

## Keeping your information private

I will keep your information in a safe place. I will remove your name before presenting the results of my study. I may share your information with other researchers. Any information I share will not include your name.

## Getting help

If I think an adult is hurting you, I will tell someone who can help you.

If I think you might hurt yourself, I will tell someone. If I think you might hurt another person, I will tell someone. In an emergency, I will call an ambulance or the police.

## Volunteering

You can decide if you want to do this study or not. It is OK to say yes or no. You will not be in trouble if you say no.

## Questions

If you have any questions, please ask me. You or your parent/guardian can contact me at: [PI contact email address and phone number.]

You can also contact [Faculty Advisor’s name/Doctor/Faculty], who is supervising me on the research. You or your parent/guardian can contact them at: [PI/Contact and/or Faculty Advisor/and/or Doctor contact email address and phone number.]

If you have questions about your rights in the research, please contact the USC Institutional Review Board at hrpp@usc.edu email address or 323-442-0114.

If you sign your name below, it means that you agree to take part in this research study.

Name of Child Child’s Signature Date Signed

Name of Person Obtaining Assent Signature Date Signed

# Optional Sections

**If the following sections are applicable to your study, add them *above* the Signature Section. Then, delete these instructions and the sections not applicable to your study.**

## Payment

If you do participate, I will give you (amount of compensation and type).

## Audio Recording

I would like to record your answers. Is this OK? Circle: Yes or No