



UNIVERSITY OF NAIROBI (UoN)
COLLEGE OF HEALTH SCIENCES
P O BOX 19676 Code 00202
Telegrams: varsity
(254-020) 2726300 Ext 44355

KNH-UoN ERC

Email: uonknh_erc@uonbi.ac.ke
Website: <http://www.erc.uonbi.ac.ke>
Facebook: <https://www.facebook.com/uonknh.erc>
Twitter: @UONKNH_ERC



KENYATTA NATIONAL HOSPITAL (KNH)
P O BOX 20723 Code 00202
Tel: 726300-9
Fax: 725272
Telegrams: MEDSUP, Nairobi

STUDIES INVOLVING CHILDREN Sample Child Assent Form

NB! *This sample is intended to help you create an assent document; the text here is a suggestion for how to introduce the required elements of an assent form in a way that is easy for a child to understand.*

Sample Minor Assent Document

(To be modified based on the age bracket)

Project Title: _____

Investigator(s): _____

We are doing a research study about (*purpose in simple language*).

Permission has been granted to undertake this study by the Kenyatta National Hospital-University of Nairobi Ethics and Research Committee (KNH-UoN ERC Protocol No. _____)

This research study is a way to learn more about people. At least _____ children will be participating in this research study with you.

If you decide that you want to be part of this study, you will be asked to (*description, including time involved*).

There are some things about this study you should know. These are (*procedures, things that take a long time, other risks, harms, discomforts, etc*).

Not everyone who takes part in this study will benefit. A benefit means that something good happens to you. We think these benefits might be (*description*).

If you do not want to be in this research study, we will tell you what other kinds of treatments there are for you. (*This statement applies to research projects that offer treatment or intervention*).

When we are finished with this study we will write a report about what was learned. This report will not include your name or that you were in the study.

You do not have to be in this study if you do not want to be. If you decide to stop after we begin, that's okay too. Your parents know about the study too.

If you decide you want to be in this study, please sign your name.

I, _____, want to be in this research study.

(Signature/Thumb stamp)

(Date)

Parts in Italics should be modified for your specific project. Other parts may need to be modified as well depending on your research methods.