I am being asked if I want to be in this study because I am at risk of getting diabetes. Being in this study will help doctors learn more about how to prevent diabetes.

I know that to be in this study I will need to come back for special tests to see if I get diabetes.

I know that the blood tests might hurt a little bit.

I know that the study medicine might make me feel sick.

I know that I can stop being in the study at anytime without anyone being mad at me. My doctor will still take care of me.

I asked and got answers to my questions. I know that I can ask questions about this study at any time.

I want to be in the study at this time.

Child’s Printed Name: ______________________________________________________

Child’s Signature: _________________________________________________________

Date: ____________________________

Witness or Mediator:_________________________________________

Date: __________________________________

I have explained the research at a level that is understandable by the child and believe that the child understands what is expected during this study.

Signature of Person Obtaining Assent: _________________________________

Date: _________________________________