**Informed Assent Form for Minors**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , have been informed that my parent(s) or guardian(s) have given permission for me to participate in a program about breast health, which includes learning about risks for breast cancer and screening for early detection and taking a short quiz before and after the breast health sessions under the direction of the Prevent Cancer Foundation in cooperation with the Howard University Cancer Center.

My participation in this program is voluntary and I have been told that I may stop at any time without affecting my relationship with the Foundation, Howard University or *[name of high school]*. Also, if I choose not to participate, it will not affect my grade in any way.

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

Signature

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

Date