

Parental Consent Form

Educational Research Participation

Title of Research Study:

Principal Investigator(s):

Contact Information:

Introduction

Purpose of the Study

Procedures

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Potential Risks and Discomforts

Potential Benefits

Confidentiality

Voluntary Participation

Questions

Parental Consent

I have read and understand the information above. I voluntarily give permission for my child to participate in this research study.

Child's Name:

Parent/Guardian Name:

Signature:

Date: