

Pediatric Research Consent Form

Study Title

Principal Investigator

Name

Contact

Introduction

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation

Withdrawal

Contact Information

Parent/Guardian Consent

☐

I have read and understood the information provided above. I voluntarily agree for my child to participate in this study.

Signature

Parent/Guardian Name

Signature

Date

Child Assent (if applicable)

Child Name

Signature

Date