

Pediatric Clinical Trial Consent Form

Study Information

Study Title

Principal Investigator

Institution

Child Participant Information

Child's Name

Date of Birth

Medical Record Number

Parent/Guardian Information

Name

Relationship to Child

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Confidentiality

Voluntary Participation

Contact Information

Contact Name

Telephone

Email

Consent

Parent/Guardian Signature

Date