Parental Consent Form for Minor Subjects

Minor Subject Information

Full Name of Minor
Date of Birth
Age
Parent/Legal Guardian Information
Full Name of Parent/Guardian
Relationship to Minor
Contact Number
Contact Number
Email Address
Study Information
Title of Study
Purpose of Study
Procedures Involved

Potential Risks/Discomforts

Potential Benefits	
Confidentiality	
0	
Consent	
Consent Statement	
Parent/Guardian Signature	
•	
D - 4 -	
Date	
Researcher/Investigator Signature	
D-4-	
Date	

You may withdraw your child from participation at any time without penalty. For questions, contact the research team at the details provided above.