

Parent Consent Form for Participation in Research Study

Research Study Information

Study Title:

Researcher(s):

Institution/Organization:

Contact Information:

Purpose of the Study

Procedures

Risks and Benefits

Confidentiality

Voluntary Participation

Parent/Guardian Consent

I have read the information provided above. I have had the opportunity to ask questions and receive answers. I voluntarily give my consent for my child to participate in the research study described above.

Child's Name:

Date of Birth:

Parent/Guardian Name:

Relationship to Child:

Signature:

Date:

Parent/Guardian Email (optional):