

# Parental Consent Form for Child Research Participation

## Research Study Information

Title of Research Study:

Principal Investigator:

Contact Information:

## Child Participant Information

Child's Full Name:

Date of Birth:

## Parent/Guardian Information

Parent/Guardian Name:

Relationship to Child:

Phone Number:

Email Address:

## Consent

I have read and understood the information provided about the above research study, and have had the opportunity to ask questions.

☐ I voluntarily consent to my child's participation in this research study.

☐ I understand that I may withdraw my consent at any time.

## Additional Comments or Concerns

Parent/Guardian Signature:

Date: