

# Adolescent Mental Health Survey Consent Form

## Introduction

You are being invited to take part in a survey about adolescent mental health. Please read the following information carefully before giving your consent.

## Purpose of the Survey

## Procedures

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## Risks and Benefits

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## Confidentiality

## Voluntary Participation

Participation is entirely voluntary. You may refuse to participate or withdraw at any time without penalty.

## Contact Information

## Consent

By signing below, you confirm that you have read and understood the information above and agree to participate in the survey.

Name of Participant:

Signature of Participant:

Date:

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I am the parent or guardian and give permission for participation (for those under 18 years old)

Name of Parent/Guardian:

Signature of Parent/Guardian: