

Educational Research Parent Consent Form

Research Project Information

Title of Study

Investigator(s)

School/Organization

Contact Information

Purpose of the Research

Procedures

Risks and Benefits

Confidentiality

Voluntary Participation

Parent/Guardian Consent

Name of Student

Name of Parent/Guardian

☐

I give my permission for my child to participate in the research study.

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I do NOT give my permission for my child to participate in the research study.

Signature of Parent/Guardian

Date