

School-based Study Parental Consent Form

Study Information

Study Title

Principal Investigator/Researcher

Description of Study

Participant Information

Student Name

Class/Grade

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Consent

I have read and understood the details of the study. I voluntarily give permission for my child to participate in the above-named study. I understand that participation is voluntary and my child may withdraw at any time without penalty.

Parent/Guardian Signature

Date

