

Child Participation in Research Consent Form

Study Information

Title of the Research Study

Principal Investigator

Contact Information

Participant Information

Child's Name

Child's Date of Birth

Parent/Guardian Name

Relationship to Child

Purpose of the Study

Procedures

Risks and Benefits

Confidentiality

Voluntary Participation

Contact for Questions

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I have read and understood the information above, and I give permission for my child to participate in this research study.

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My child agrees to participate in this research study.

Parent/Guardian Signature

Date

Child's Signature (if appropriate)

Date

Researcher Signature

Date

