

Pediatric Research Informed Consent Form

Study Title

Research Team

Introduction

Purpose of the Study

Procedures

Risks and Discomforts

Benefits

Alternative Procedures or Treatments

Confidentiality

Voluntary Participation & Withdrawal

Contact Information

Assent of Child (if appropriate)

Parental/Guardian Permission

Parent/Guardian Name

Signature

Date

Child Name

Signature

Date

Investigator Name

Signature

Date