

Parental Consent Form for Minor Participants in Research

Title of Research:

Enter title here

Principal Investigator:

Name of investigator

Affiliation:

Institution/Organization

Contact Information:

Phone/Email

Introduction

Your child is invited to participate in a research study. Please read the following information carefully before deciding if you wish to allow your child to participate.

Purpose of the Study

State the purpose of the research

Procedures

Describe what the participant will be asked to do

Risks and Benefits

Describe any risks

Describe potential benefits

Confidentiality

Explain how data/privacy will be protected

Voluntary Participation

Participation in this study is entirely voluntary. Your child may withdraw at any time without penalty or loss of benefits.

Parental Consent

I have read and understood the information above. I voluntarily give consent for my child to participate in

this study.

Name of Minor Participant:

Name of Parent/Guardian:

Signature of Parent/Guardian:

Date:

Important Notes:

- This form must be signed by a parent or legal guardian before a minor can participate.
- Ensure all information provided is accurate and complete.
- Parents/guardians should have an opportunity to ask questions and receive answers before consenting.
- The consent form should be stored securely as part of the study records.
- Participants and their guardians have the right to withdraw from the study at any time.