

# 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

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## 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:**

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## 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.