Consent for Child to Participate Template

Principal Investigator:

Title of Study:

Child’s Name:

Parent/Guardian’s Name:

My child has been asked to participate in a research study that is investigating [describe the general purpose of study]. By participating in this study, I understand that my child’s participation will involve [list activities – e.g. answering questionnaires, interviewing, participating in a group discussion, etc.] and that the approximate total time of my child’s involvement will be [minutes].

I understand that:

1. The possible risks of this study include [list known risks or side effects; if none, state so].
2. The possible benefits of this study to my child is [enumerate; if none, state so].
3. My child’s participation is voluntary and that my child may refuse to participate or discontinue my participation at any time without penalty or loss of benefits to which my child is otherwise entitled.
4. My child and I have been assured that my child may refuse to discuss any matters that cause discomfort or that my child might experience as an unwanted invasion of privacy. I am aware that my child may choose not to answer any questions that my child finds embarrassing or offensive.
5. I have been assured that this study is unlikely to cause my child distress. However, I understand that if, after participation, my child experiences any undue anxiety or stress or has questions about the research or their rights as a participant, that may have been provoked by the experience, [name of researcher] will be available to help. In the unlikely event of physical injury, [name] will be able to provide direction to medical assistance.
6. The results of this study may be published, but my child’s name or identity will not be revealed and my child’s records will remain confidential. No individual results will be released without the written consent of the parents or guardians of the particular child.
7. My consent is given voluntarily without being coerced for forced.
8. Any questions I have concerning my child’s participation in this study will be answered by [list names and degrees of people who will be available to answer questions].
Signature of Parent or Guardian ____________________________ Date

Signature of Child/Minor ____________________________ Date

Witness ____________________________ Date