**LETTERHEAD OF SENIOR RESEARCHER’S INSTITUTION**

**[TITLE OF PROTOCOL in Lay Laylanguage]**

**PARENT/GUARDIAN CONSENT FORM**

I, ........................................................................................................ [name of parent/guardian]

of ..........................................................................................................................…….[address],

Parent/Guardian of …………………………………………………………………….. [name of child]

have read and understand that the study will be conducted as described in the Information Statement, a copy of which I have retained. I have discussed this research with my child.

I have been made aware of the procedures involved in the study, including any known or expected inconvenience, risk, discomfort or potential side effect and of their implications as far as they are currently known by the researchers.

[If appropriate] I understand that the interview / focus group discussion [delete whichever is not applicable] will be audiotaped, and I agree to this.

Include the Tape Rule if appropriate.

If further contact, there needs to be an extra section with additional signature at the end.

[If appropriate] I understand that participation in this study will allow the researchers to have access to my child’s medical record, and I agree to this.

I agree to my child participating in this study and understand that I can withdraw him/her at any time without providing a reason.

I understand that my child’s personal information will remain confidential to the researchers.

I and my child have had the opportunity to have questions answered to our satisfaction.

I hereby agree to my child’s participation this research study.

**NAME OF CHILD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD’S SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF PARENT/GUARDIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Declaration by person conducting the consent process**

I, the undersigned, have fully explained this research to the patient named above.

**NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**