

Parental Consent Declaration Form

Purpose: This form is to obtain parental/guardian consent for the participation of a minor in a research study. Your child's rights, safety, and welfare are our utmost priority.

Research Study Information

Study Title: _____
Principal Investigator: _____
Institution/Organization: _____
Contact Information: _____

Minor Participant Information

Child's Name: _____
Date of Birth: _____
Age: _____

Consent Statement

I, the undersigned, am the parent/legal guardian of the above-named child. I have read and understood the information regarding the research study. The purpose, procedures, potential risks, and benefits of participation have been explained to me. I understand that my child's participation is voluntary and that I may withdraw consent at any time without penalty.

I hereby give permission for my child to participate in the above-mentioned research study.

Parental/Guardian Contact

Parent/Guardian Name: _____
Relationship to Child: _____
Phone/Email: _____

Declaration & Signature

I declare that I am legally authorized to provide consent for the above-named minor's participation in this research study.

Signature of Parent/Guardian:

Date: _____

Researcher/Witness Signature (if applicable)

Signature:

Date: _____

For questions regarding this study, please contact the principal investigator using the information provided above.