### PARENTAL CONSENT FORM

[TITLE OF PROJECT]

Declaration of Consent

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| --- | --- |
|  | Please circle either YES or NO |
| 1. I have read and understood the information sheet entitled ‘<<name of study>>’, and I have had chance to discuss the study and to ask questions. | YES / NO |
| 2. I have had satisfactory answers to all of my questions and I understand why my child is to be tested and what the testing involves. | YES / NO |
| 3. Who has explained the study to you?  …………………………………………………………… |  |
| 4. I understand that I am free to withdraw my child from the study:   * At any time. * Without having to give a reason. | YES / NO |
| 5. If I have any questions or concerns about the research, I know I can contact <<name of contact>> via email <<include email>> or by phone <<telephone number>>. | YES / NO |
| 6. I am happy to be contacted in future about this research | YES / NO |
| 7. I accept the terms and conditions of this study and agree to allow my child take part in the study. | YES / NO |
| **8**. PARTICIPANT Signature of Participant.……………………………………………………….……………... Date……..……………………  Name (BLOCK LETTERS) ……………………………………………………………………………………………………...….. | |
| **9**. INVESTIGATORI have explained the study to the signatory and he/she has indicated his/her willingness to allow their child to participate in the described research. Signature of Investigator...……………………………………………..……….……..…. Date…………….…..…….….  Name (BLOCK LETTERS) …………………………………………………….…………………………………………..…..….. | |