**Research Consent Form for Minors**



**Title of the Study:**[Title of the Research Study]

**Principal Investigator:**[Researcher's Name]
[Position]
[Institution/Organization]
[Contact Information]

**Introduction:**Your child is being invited to participate in a research study conducted by [Researcher's Name] at [Institution/Organization]. This study aims to [briefly describe the purpose of the study]. Your child's participation is completely voluntary.

**Purpose of the Study:**This study is designed to [clearly explain what the study is about and what it hopes to achieve].

**Procedures:**If you agree to allow your child to participate, they will be asked to [describe what the child will be required to do during the study]. The study will take place at [location] and is expected to last [duration].

**Potential Risks and Discomforts:**The potential risks involved in this study include [describe any risks or discomforts your child may face during the study]. We will take all necessary precautions to minimize these risks.

**Benefits:**The study may not directly benefit your child, but the findings could [describe potential benefits the study could provide to others or to the field of study].

**Confidentiality:**All data collected during this study will be confidential. Only the research team will have access to the data, and any reports or publications resulting from this study will not include your child's identifiable information.

**Right to Withdraw:**Your child’s participation is voluntary, and you may withdraw your consent and discontinue your child's participation at any time without penalty.

**Questions:**Should you have any questions about the study or your child's participation, please feel free to contact [Researcher's Name] at [Contact Information].

**Consent Statement:**I have read and understood the information provided above. I appreciate that my child's participation is voluntary and that I am free to withdraw my consent at any time. By signing this form, I agree to my child's participation in the research study.

**Parent or Guardian’s Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Assent (if applicable, for children capable of understanding):**I have had the study explained to me in a way I can understand, and I agree to participate.

**Child's Signature (if applicable):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher's Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_