



PARENTAL/GUARDIAN CONSENT FORM

TITLE of STUDY:

Researcher(s):

Contact Information:

You are being asked to allow your child to participate in the aforementioned research study. This form provides you with information about this study, the researcher(s), and contact information for the researchers to answer all of your questions. Please read the information below and ask any questions you might have before deciding whether or not to take part.

Your participation is entirely voluntary and you can refuse to participate without any penalty or loss of benefits to your child. If you decide to let your child participate, you are free to withdraw your participation at any time during the study without any adverse consequences. If your child participates, you can get information about the project by contacting _____
A copy of this signed agreement will remain in your child's permanent school folder.

Name of Child _____ Grade _____

School _____ Teacher's Name _____

Signature _____

Parent/Guardian Printed Name and Date

Signature _____

Principal Investigator/Researcher Printed Name and Date

Signature _____

Faculty Sponsor (if any) Printed Name and Date