

Parental Informed Consent Form

Pediatric Clinical Trial

Protocol Title: _____

Principal Investigator: _____

Institution / Site: _____

Introduction

You are being asked to allow your child to participate in a clinical research study. Please read this document carefully and ask any questions you may have before agreeing to participate.

Purpose of the Study

The purpose of this study is to _____.

Procedures

If you agree to your child's participation, the following procedures will be followed:

- Describe study visits and duration.
- List tests, interventions, and procedures.
- Specify any follow-up requirements.

Risks and Discomforts

Participation may involve some risks, including:

- List potential risks and side effects.
- Describe measures to minimize risks.

Benefits

Potential benefits to your child include _____. However, benefits are not guaranteed.

Confidentiality

Your child's privacy will be maintained. Data collected will be kept confidential as per legal requirements.

Voluntary Participation

Participation is voluntary. You may withdraw your child from the study at any time without penalty or loss of benefits to which your child is otherwise entitled.

Contact Information

If you have questions about the study or your child's rights, contact:

Principal Investigator: _____ Phone: _____

Parental Consent

I have read and understood the information above. All my questions have been answered. I voluntarily agree to allow my child to participate in this study.

Child's Name:

Parent/Guardian's Name:

Parent/Guardian's Signature:

Date:

Investigator's Signature:

Date: