

Parental Consent Waiver

For Participation in Clinical Research

Study Title:

Principal Investigator:

Institution/Organization:

Participant (Child) Name:

Date of Birth:

Age:

Gender:

Parent/Guardian Name:

Relationship to Participant:

Contact Phone/Email:

Consent:

- ☐ I have read and understood the information provided regarding this clinical research study.
- ☐ I have had the opportunity to ask questions and have received satisfactory answers.
- ☐ I voluntarily give permission for my child to participate in this research study.

Signature of Parent/Legal Guardian:

Date:

Signature of Investigator/Person Obtaining Consent:

Date:

Additional Notes or Comments:
