



Monroe • Polkton • Wadesboro

INFORMED CONSENT FOR PARTICIPATION IN RESEARCH ACTIVITIES

Whom to Contact about this study:

Principal Investigator:

Department:

Contact Information:

Invitation to be part of a research project:

Background Information:

Important Information:

Procedures:

Risks and Benefits of being in the study:

Confidentiality:

Voluntary nature of the study:

Contacts and questions:

You may keep a copy of this form for your records.

Statement of Consent:

You are making a decision whether or not your child may participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

Child/Participant Name

Parent/Guardian Name

Date

Signature of Parent/Guardian (Must be 18 years old to sign)

Date

Signature of Researcher

Date