## Addendum for Children/Conservatees



Consent to Participate in Research for Minors

Parent/Guardian:

I have read the above information and have received answers to my questions. I understand the research project and the procedures involved have been explained to me. I give my permission for my child/conservatee to participate in this research project. My child/conservatee’s participation is voluntary and I do not have to sign this form if I do not want them to be part of this research project. I understand I may remove my child/conservatee from participation in this research project at any time.

I will receive a copy of this consent form for my records.

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Name of Child Conservatee Participant (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian(print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of the Person Obtaining Consent (print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

 Signature of the Person Obtaining Consent