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| Parent/Guardian Form for Withdrawal of participation |

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| Short **Name of Project** | <Short name of project> |
| Full Name of Project | <Full name of project> |
| Principal Investigator | <Principal Investigator> |
| Project number | <RGS number> |

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| **Declaration by Parent/Guardian:** |
| * I wish to withdraw my child from participation in the above research project and understand that withdrawal will not affect my child’s treatment, their relationship with those providing them treatment or my relationship with <institution>. |

**Participant’s name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent / guardian of the person taking part in the project:**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that the parent/guardian’s decision to withdraw their child is communicated verbally, the Principal Investigator will need to provide a description of the circumstances below.

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**<Witness (where decision-maker has required assistance to read this form):**

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ >

**Declaration by the Principal Investigator:**

I have given an explanation of the implications of withdrawal from the research study and I believe that the parent/guardian has understood that explanation.

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This must be the Principal Investigator in the case of a clinical trial.

(Each person must sign and personally date this consent form)