

Consent Form for the legal guardians of under-age children (2 copies)

“TITLE OF THE STUDY”

First and Last Name, Personal contact information, Head of Research, has offered my child, First and Last Name, Personal contact information, the opportunity to participate in the research entitled: “title of the study”.

As custodial parent and exercising parental authority over my child, I have reviewed the summary explaining the above-mentioned study (see overleaf). I have been able to ask all necessary questions, and have received clear and precise answers.

I am aware that the data collected during this research will remain strictly confidential.

I agree to an analysis of the personal data concerning my child in accordance with the provisions of French Law No. 2004-801 of 6 August 2004 on the protection of individuals and amending Data Protection Act No. 78-17 of 6 January 1978 (computer processing of personal data). I have duly noted that I have the right to access and rectify said personal data, on behalf of my child and in accordance with Articles 39 and 40 of the Data Protection Act, by contacting Mr/Ms name of the Head of Research.

I have explained to my child the terms of his/her participation in this study and he/she has agreed to participate. We understand that he/she was free to refuse to participate in this study, without this refusal having any repercussions. We also understand that we may withdraw our consent at any time (before and during the study) without the need to provide an explanation and without any repercussions.

Given the information provided, I freely and willingly agree for my child to participate in the research entitled: “title of the study”.

Initials

My consent does not relieve the Head of Research or the Granting Agency from their responsibilities towards my child.

Done in on
In two original copies

Parent(s) exercising parental authority
or legal guardian:

First and Last Name:

Signature(s):
(Preceded by the words: "Read, understood and approved")

Head of Research:

First and Last Name:

Signature:

Summary of the study: