

## Parental Informed Consent Form

I, \_\_\_\_\_, have read the attached letter describing a study to be conducted  
name of parents  
under the auspices of Bates College, Lewiston, Maine, Department of \_\_\_\_\_, to be  
conducted by \_\_\_\_\_ .  
name of researcher

I hereby consent to the participation of my child, \_\_\_\_\_, in this study.  
name of child

I understand that I am free to discontinue such minor's participation at any time without  
suffering any disadvantage.

I also understand that the findings of the study will be interpreted and recorded only on a group  
basis with no identification of specific individuals. All information about individuals will be  
held in confidence, to the extent permitted by law.

I understand that some aspects of the study's purpose may be withheld from me until its end.  
However, I also understand that at that time, I have a right to a complete explanation of the  
nature and purpose of the study. If I have any questions or wish further information about the  
study, I understand that I may call \_\_\_\_\_ at \_\_\_\_\_ .  
name of researcher telephone number

I further understand that if I have additional questions that may not be answered by the  
researcher, I may call his/her advisor, \_\_\_\_\_ at \_\_\_\_\_ ,  
name of advisor telephone number  
or the chair of the Department of \_\_\_\_\_ .

In addition to consent for my child's participation, my signature confirms that I have received  
a copy of this consent form together with any attachments which describe the research to be  
conducted.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Dated