***Study in minors***

***PARENTAL/ LEGAL GUARDIAN VERSION***

**INFORMED CONSENT FORM**

**For participation in “study title…….”**

**To be filled out by the PARENT(S) prior to the start of the study:**

I confirm that:

* I was satisfactorily informed about the study concerned both verbally and in writing by means of the study specific information brochure “entitled:……….” , version number……
* I had the opportunity to put forward questions regarding the study satisfactorily and these questions have been answered adequately
* I had sufficient time to carefully consider participation of my/ our child in this study.
* My /our child participates out of free will.

I agree that:

* My/our childs data will be acquired and stored for scientific purposes as mentioned in the study specific information brochure.
* I may be approached for a future/follow-up study of my/our child.
* My/ our childs experimental data will be shared within the research team under the condition that the data do not consist of any direct identifiable features enabling to trace back to my/ or childs identity.

Optional:

* Video and/or audio recordings will take place in the context of this study. The data acquired are treated confidential and my/ our childs privacy will be protected conscientiously as described in the method specific information brochure.
* My/ or childs video-audio recordings beyond the scope of this study will be shared with other researchers for scientific/ non-commercial purposes only (\*encircle choice).

\*YES/NO

* It is my parental/ legal guardian responsibility to inform my/ our child about the

recordings at the time it will reach adulthood.

I understand that:

* My/ our child has the right to withdraw from the study at any time without having to give any reason.
* My/our consent is rebuked in case my/our child resists to the procedures in accordance with the Code of Conduct involving minors
* I have the right to withdraw my/our child experimental data from this study up to one month after study completion.
* My/our childs privacy is protected according to (inter) national Dutch/ EU law.
* My/our consent will be sought every time I/we agree my/our child participates in a new study.

Optional:

* We will be informed by our home physician about any new information which is of medical relevance to my/our child.

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**Parent 1.**

**I consent my child participates in this experiment:**

Name:………………………………………. Date of birth:……………………………....... (dd/mm/jj)

Signature:................................................ Date and place:……………………………..

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**OPTIONAL**

**Parent 2.**

**I consent my child participates in this experiment:**

Name:………………………………………. Date of birth:……………………………....... (dd/mm/jj)

Signature:................................................ Date and place:……………………………..

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**To be filled by the RESEARCHER prior to the start of the experiment:**

The undersigned declares that the person(s) named above has been informed both in writing and verbally about the study. He /she guarantees participant’s privacy protection according to the law.

Name:………………………………………. Project code:…………………………………….

Signature:................................................ Date (dd/mm/yyyy):……………………………..