**Consent Form**

**Example**

**Children**

**Study Title**

(NOTE: Use a child-friendly font)

[Ensure a clear list of what is being asked of the child is provided in child-friendly language]

I would like to come to the Children’s Program.

I am happy for you to ask me questions to help you know if the program is helping me.

I am happy for you to tape record [or video record] sessions with me

 □ Yes □ No

I understand that tape recordings [or video recordings] of me will not be given to anyone else.

I know that I can choose not to answer your questions if I want to.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: …..../..…../…….

[if the child is too young to have a signature, writing their name is considered sufficient. See NS 4.2 for further guidance]

I confirm that I have provided the Information Letter concerning this study to the child and parent / guardian. I have explained the nature and purpose of the study and have answered all questions asked of me.

Signature of researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: …..../..…../…….