

THE UNIVERSITY OF ADELAIDE HUMAN RESEARCH ETHICS COMMITTEE

STANDARD CONSENT FORM

**For Research to be Undertaken on a Child, the Mentally Ill, and those
in Dependant Relationships or Comparable Situations**

To be Completed by Parent or Guardian

1. I, *(please print name)*
consent to allow *(please print name)*
to take part in the research project entitled:
.....

2. I acknowledge that I have read the attached Information Sheet entitled:
.....
and have had the project, as far as it affects *(name)*
fully explained to me by the research worker. My consent is given freely.
IN ADDITION, I ACKNOWLEDGE THE FOLLOWING ON BEHALF OF
..... *(name)*

3. Although I understand that the purpose of this research project is to improve the quality of medical care, it has also been explained to me that involvement may not be of any benefit to him/her.

4. I have been given the opportunity to have a member of his/her family or friend present while the project was explained to me.

5. I have been informed that the information he/she provides will be kept confidential.

6. I understand that he/she is free to withdraw from the project at any time and that this will not affect medical advice in the management of his/her health, now or in the future.

7. I am aware that I should retain a copy of this Consent Form, when completed, and the attached Information Sheet.
..... Parent/Guardian
(signature and please indicate relationship) *(date)*

WITNESS

I have described to *(name of parent/guardian)*
the nature of the procedures to be carried out. In my opinion she/he understood the explanation.
Status in Project:
Name:
.....
(signature) *(date)*