

AF 05-07

**Informed Consent Form**

**(for parent of children under 13 years old)**

Date...........................................................……….

Name-Surname of research participant.....................................................................age…...……...........years old address……............................road………...........…..…...............………sub-district………….……..........………....................

district……………………......………………. province ......................................... postal code.................………….............

telephone...................................................................... e-Mail .............................................................................is willing to join the research project entitled (please specify research project title)

Name-Surname of parent……………………………………………………………………………………………………………………………

I and my child received details about principles, background, research objectives, outline of the questionnaire/interview, expected benefits from this research, the risks that may occur from research participation, guideline of risk prevention and solution and remuneration/ gift/knowledge for participants. I read and acknowledge the content of the information sheet thoroughly. The research project leader, in addition, has explained and answered all questions clearly.

I and my child were informed of rights, information, benefits, and risks for participants in this research. I understand that I can withdraw or stop participating in this research at any time and it will not affect the study and other rights of my child in the future. I allow the researcher to use information from my child but not allow to be disclosed to the public on an individual basis. The results will be presented as an overall data from this research only.

I and my child read and understand all information in the participant information sheet and informed consent forms thoroughly. I, therefore, sign in the informed consent form and have the right to request a copy of this document from the researcher.

Signature………………………………………..Parent

(..……………….............................)

Date…………………………………………………..

Signature………………………………………..Research Project Leader/Information Provider and Consent Request

(Click or tap here to enter text.)

Date………………………………………………….