**Consent form for parents or guardians of**

**research participants age between 7 to 13 years old**

***Instruction: Please modify this form accordingly***

 Address ………………………………………

 Date ………………………………………….

**Code number of participant** …………………………………………………

I who have signed here below is (indicate: father/mother/legal guardian) of (name of participant) …........................................................ agree to participate in this research protocol **Title** “……………..………………………………………………..………………………………………….……..”

**Principle researcher’s name** ……………………………………………………………….………………………...…

**Contact address** …………………………………………………………………………………………………………………

**Telephone** ……………………………………………………………………………………………….…………………………

 I and person under my care have been informed about rational and objective(s) of the project, and what will be done in details upon the person under my care, risk/harm and benefit of this project. I have read details in the information sheet and **clearly understand with satisfaction.**

 I willingly **agree** to let the person under my care participate in this project and consent the researcher to (details what will be performed upon participant as indicated in the information sheet) …………………**eg.:** Response to questionnaires./Enroll in the training program. For how long and how many time.

How many time and amount (tea spoonful) of blood will be taken. After the end of the project personal data e.g. **tape recorder will be deleted, blood will be destroyed. If it will be kept for future studies, should be stated in the Informed Consent Form.**

 Either the person under my care or I have **the right** to withdraw from this research protocol at any time as wished, with no need **to give any reason**. This withdrawal **will not have any negative impact upon person under my care or me (e.g: receive the same usual services).**

 Researcher has guaranteed that procedure(s) which will be acted upon the person under my care would be exactly the same as indicated in the information. Any personal information of person under my care will be **kept confidential.** Results

of the study will be reported as total picture. Any personal information which could be able to identify person under my care and myself will not appear in the report.

Ifthe person under my care **is not treated as indicated in the information sheet**, I can report to the Human Research Ethics Committee of Thammasat University (Science), (HREC-TUSc, Rachasuda Building, 1st Floor, Thammasat University, Rangsit Campus, Klong 1, Klong Luang, Prathumthanee, 12121, Thailand, Tel: 0-29689213 Fax: 0-25165381 E-mail:ecsctu3@tu.ac.th.

I also have received **a copy of Information Sheet and Consent form**.

|  |  |
| --- | --- |
| Sign ……………………………… |  Sign ……………………………… |
|  (……………………..…………) |  (……………………..…………) |
| Researcher | Parent(s) or guardian(s) of a participant |
|  |  |
|  Sign ……………………………… | Sign ……………………………… |
|  (……………………..…………) |  (……………………..…………) |
|  Witness |  Witness |

**Note :** If the participant is aged between 7-13 years old, the child must sign in the ScF 05\_04 Form**.**