

Parental Consent Form

I, \_\_\_\_\_(print parent/guardian name), hereby give my permission for my child, \_\_\_\_\_(print child's name), to participate in any of the research projects conducted at Lindenwood University by the experimenters using the Lindenwood Participant Pool. I understand that my child will be participating strictly voluntarily and that he/she may choose to withdraw from this study at any time without any penalty or prejudice. I also understand that the studies are strictly anonymous and that all identifying information will be kept confidential. Finally, I understand that any questions that my child may have regarding this study shall be answered by the researcher(s) involved to my satisfaction.

\_\_\_\_\_

Date: \_\_\_\_\_

(Signature of parent)

\_\_\_\_\_

Date: \_\_\_\_\_

(Signature of student/child)

\_\_\_\_\_

Date: \_\_\_\_\_

(Signature of LPP Representative)