

## Consent for a Minor to Participate in Any Study

I give consent for my child/person for whom I am guardian,

\_\_\_\_\_, to participate in any study that is currently approved by Psychology Department at the University of Dayton.

Emailing this to the Psychology Department Research Coordinator acts as my legal signature for giving consent.

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Parent/Guardian Printed Name

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Parent/Guardian Signature

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Phone Number

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Email Address