Consent for a Minor to Participate in Any Study

I give consent for my daughter/son, ________________________________, 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.

__________________________________________________________
Parent/Guardian Printed Name

__________________________________________________________
Parent/Guardian Signature

__________________________________________________________
Phone Number

__________________________________________________________
Email Address