



Supported by



Parent/Guardian Consent v1.0

ETH.11.14.313

### Prevent Alcohol and Risk-related Trauma in Youth Program Evaluation

1. I, \_\_\_\_\_, parent of

\_\_\_\_\_

Agree for my child to participate in the study described in the Parent/Guardian Information Sheet.

- 2. I have read the parent/guardian evaluation information, which explains why my child has been selected, why the study is being done, the nature and the possible risks to my child, and the statement has been explained to me to my satisfaction.
- 3. I understand that I can withdraw my child from the study at any time without prejudice to my child's participation in the P.A.R.T.Y. In hospital or Outreach Program run by Canberra Health Services.
- 4. I agree that research data gathered from the results of the study may be published, provided that my child cannot be identified.
- 5. I understand that if I have any questions relating to participation in this research, I may contact the P.A.R.T.Y. Coordinator on telephone 02 5124 2638, who will be happy to answer them.

**6. I consent to (please tick):**

**Participating in up to 3 Evaluation questionnaires YES  NO**

- 7. I acknowledge receipt of a copy of this Consent Form and the Parent/Guardian Information Statement.
- 8. My child attends \_\_\_\_\_ (School)

This study has been approved by the ACT Health Directorate Human Research Ethics Committee. Any person with concerns or complaints about the conduct of this study should contact the ACT Trauma Service on 02 5124 2793.

<b>Signature of student participant</b>	<b>Please PRINT name</b>	<b>Date</b>
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<b>Signature of parent/guardian</b>	<b>Please PRINT name</b>	<b>Date</b>
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<b>Signature of investigator (to be signed on Program day)</b>	<b>Date</b>
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