**INFORMED CONSENT FORM
OF THE LEGAL REPRESENTATIVE OF A PARTICIPANT
WHO IS WHO IS A MINOR OR IS INCAPACITATED
FOR PERSONAL DATA PROCESSING**

Title of the research project:…………………………..………………………….…

Institution conducting the project:…………………………………………………..

Principal investigator:………………………………………………………………...

I, the undersigned, ........................................................... herby confirm that I am the legal representative of the participant ………………………., who is a minor/ an incapacitated person.[[1]](#footnote-1)

I consent to the processing of the aforementioned participant’s personal data by …………………………………. as described in the Article 6 section 1.a of the GDPR[[2]](#footnote-2).

I hereby give my consent to the processing of the aforementioned participant's data to the extent necessary to conduct the research, on an anonymous basis, which will prevent the identification of the aforementioned participant by persons other than the researcher or persons not mentioned in the information I have received regarding the processing of personal data.

I know that I have the right to withdraw my consent at any time by sending an e-mail to ...................................... I have read the information regarding personal data processing.

Date and signature

………………..……………………..

1. delete as appropriate [↑](#footnote-ref-1)
2. Regulation of the European Parliament and the Council (EU) 2016/679 of April 27, 2016 on protection of individual persons with regard to the personal data processing and on the free flow of such data, and also repealing Directive 95/46/EC (general regulation on data protection) [↑](#footnote-ref-2)