**INFORMED CONSENT FORM
OF THE LEGAL REPRESENTATIVE OF A PARTICIPANT
WHO IS A MINOR OR IS INCAPACITATED
TO TAKE PART IN A RESEARCH PROJECT**

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/incapacitated person.

I have read and understood the information sheet for this research project. I have also had the opportunity to ask questions which have been answered to my satisfaction

I understand the potential risks of participating in the study: ………………………………………………………………………….…..

I agree to the aforementioned minor/incapacitated person’s participation in the research project. I understand that the participation is voluntary and that I am free to withdraw at any time without giving a reason.

Date and signature

………………..……………………..