

 **CONSENT FOR AUDIO TAPING**

 [SAMPLE CONSENT]

Childs/Research Participant Name:

Title of the Project:

I consent to the audio-taping of interviews, procedures, or treatment (of my child).

(Select which apply)

I understand these are voluntary procedures and that I am free to withdraw at any time by requesting that the taping be stopped. I also understand that my name or (my child’s name) will not be revealed to anyone and that taping will be kept confidential. Tapes are filed by number only and store in a locked cabinet.

The destruction of the audio tapes will be completed after transcription and verification.

I understand that confidentiality will be respected and that the audio tape will be for professional use only.

 This research has been cleared by the University of Windsor Research Ethics Board.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent or Guardian) (Date)

 Or

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Research Participant) (Date)