**Parental Informed Consent Form**

Date………..……………

My name is ……….……………………. aged ………………years old, now living at the address no ……………… Street …………………….. Sub-district ……………………… District ………….………………. Province …………………….. Postal code ……………… Tel. No …………..………

 I have read the participant information sheet (or the researcher have read it for me) of the research project titled **“……………………………………………………………………”**. I have acknowledged the contents, purposes of this research and other details. I have had opportunity to ask questions about it and been answered to my satisfaction.

 I have acknowledged the right of my child to refuse to answer any question or withdraw from participation at any time if the child feel uncomfortable. Withdrawal of participation will not affect the child or the service that I or my family will receive in the future.

I consent voluntarily to permit my child to participate in the research.

Signature …….…….…….……………

 (………..…….………………)

 Participant/ Proxy