**PERMISSION BY PARENTS OR LEGAL REPRESENTATIVE OF THE RESEARCH PARTICIPANT**

I have read (read) the description of this study. I was given the opportunity to discuss it and ask questions. I hereby give my permission for my child to participate in this study. A copy of the information for research participants and of the consent received.

Name of parent / (parents) / legal representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher's name and signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_