

Informed Consent Form

Description, risks & benefits, and signature

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This form records a participant's informed, voluntary consent to the procedure, study, or service described below. Replace this placeholder statement with wording reviewed by the appropriate professional or ethics board for your context and jurisdiction.

Participant

Participant name

Date of birth

What you are consenting to

Description of procedure, study, or service

Risks and benefits

Participation is voluntary. You may withdraw at any time without penalty.

Consent statement

I confirm that the procedure, study, or service above has been described to me, including its risks and benefits. I have had the opportunity to ask questions and they have been answered. I understand that my participation is voluntary, that I may withdraw at any time without penalty, and I freely consent to take part.

I have read and agree to the statement above

Signatures

The participant signs and dates. A witness confirms consent was given freely.

Participant signature

Date

Witness name

Witness signature

Witness date

