****PARENTAL PERMISSION FOR INTERVIEW WITH UNMARRIED MINOR – COMMUNITY SURVEILLANCE**

**Study Title:** *<your system/study title>*

**Principal Investigator:** *<PI name>*

**IRB No.:** *<IRB number of study>*

**PI Version Date:** *<date of document finalization>*

[*Greeting*]. My name is [*say name*], and I am from the *<insert organization>*  in <insert *province name*> and would like to talk to you about a research study that aims to collect information on pregnancy/birth in your community.

Our goal is to increase our knowledge on maternal, newborn, child and adult health and mortality and their causes in your community. This study is planned for the period of *<start date>* to *<end date>*.

We are asking you for permission for your [*daughter/relative]* to join this study because she [*is pregnant/recently gave birth or lost a baby or young child*]. You do not have to give permission for your *daughter/relative* to join, it is your choice. There will be no consequences to you or your [*daughter/relative*] if you choose to do so.

If you say yes, I will also ask your [*daughter/relative*] to provide written consent to the interview and given the option to participate or not to participate in the study.

Your [*daughter/relative*] may be uncomfortable answering questions because they remind her of pregnancy/birth/death issues. She does not have to answer all the questions and may stop at any time.

We will keep your [*daughter/relative’s*] information confidential. We will not share your *daughter/relative’s* answers with you or anyone outside the study team. The only time we will not keep your [*daughter/relative’s*] answers private is if we learn about possible child abuse. We will report information about child abuse to *<insert Legally Required Gov’t Authority>* as required by law in *<your country>*.

Your [*daughter/relative*] will receive no direct benefit from this study. We will use the information from your [*daughter/relative*] to increase our knowledge on maternal, newborn and child mortality and health in your community.

We will do our best to keep your [*daughter/relative’s*] information safe by [storing in a safe place accessible only to the study team]. When we share your [*daughter/relative’s*] information with other researchers, we will ask them to use the same protections. We try to make sure that everyone who needs to see your [*daughter/relative’s*] information uses it only for this study or other studies approved by the *<ethical review board in your country>* in *<your country>* and the *<partner ethical review board>* at *<name of partner organization>* in *<country of partner organization>*. But we cannot *guarantee* that it will be kept confidential.

You may end your permission at any time. Information obtained and used before you end your permission will continue to be used for research. If you wish to end your permission allowing your [*daughter/relative*] to participate, let us know.

Do you have any questions? You may ask me now, or contact *<PI name*> from *<Your organization>* about your questions. *<His/Her>* contacts are:

*<Your organization>*

*<Organization address>*

*<City and country>*

Phone: *<Phone number 1>* | Mobile: *<Phone number 2>*

*<Email 1>*| *<Email 2>*

Will you permit your *daughter/relative’s* to join the study?

**What does your signature on this consent form mean?**

Your signature on this form means:

* You have been informed about this study’s purpose, procedures, possible benefits and risks.
* You have been given the chance to ask questions before you sign.
* You have voluntarily agreed to allow your daughter/relative to be in this study.

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Print name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

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Print name of Parent #2 Signature of Parent #2 Date

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Print name of Person Obtaining Signature of Person Obtaining Consent Date

Consent