**Note (delete this statement in the final copy): Insert applicable information in the document as noted in red. Delete the language that does not apply. Do not delete any of the major headings as these are required by regulation and local policy.**

**Parental Permission for Children Participation in Research**

**Title: [insert title of study]**

**Principal Investigator: [insert principal investigator’s name]**

**Introduction**

The purpose of this form is to provide you (as the parent of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. The person conducting the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part in the study. If you decide to let your child be involved in this study, this form will be used to record your permission.

**Purpose of the Study**

If you agree, your child will be asked to participate in a research study about [Insert a general statement about study]. The purpose of this study is [Explain the research questions and purpose in lay language].

**What is my child going to be asked to do?**

If you allow your child to participate in this study, they will be asked to [If applicable, use bullet points to explain tasks and procedures including details about completing surveys, interviews, tests, and/or focus groups]. This study will take [Insert the length of time for participation, frequency of procedures or any other applicable information] and there will be [Insert the expected number of study participants] other people in this study.

**Note: If participants will be audio/video recorded include the following:**

Your child [will or may] be [audio/video] recorded.

**What are the risks involved in this study?**

**NOTE: If risks are minimal include the statement:** There are no foreseeable risks to participating in this study. The procedures used in this study may involve risks that are currently unforeseeable.

**If risks are greater then minimal include the statement:**

Possible risks associated with this study are [Explain risk of participation, including the likelihood of the risk occurring and what will be done to mitigate the risks. Also, include procedures to address situations where the parent or child feels that they have been injured in any way].

**What are the possible benefits of this study?**

**Note: If the study has direct benefits include this statement:**

The possible benefits of participation are [Insert the direct benefits that may reasonably be expected].

**If the study does not have direct benefits to the research participant, include this statement:** Your child will receive no direct benefit from participating in this study; however, there may be societal benefits such as [Explain potential benefits to society].

**Does my child have to participate?**

No, your child’s participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusing to participate will not affect their relationship with Roberts Wesleyan College in anyway. You can agree to allow your child to be in the study now and change your mind later without any penalty.

**NOTE: If research is part of a classroom activity, state:** This research study will take place during regular classroom activities; however, if you do not want your child to participate, an alternate activity will be available. [Describe the alternate activity].

**What if my child does not want to participate?**

In addition to your permission, your child must agree to participate in the study. If your child does not want to participate they will not be included in the study and there will be no penalty. If your child initially agrees to be in the study they can change their mind later without any penalty.

**Will there be any incentives for participation?**

**If the study does not provide incentive include the following:**

Neither you nor your child will receive any type of incentive for participating in this study.

**If there is an incentive, include the following statements:**

[You/Your child] will receive [insert incentive] which will be given [Describe when the child or parent will be awarded the incentive].

[If participants will receive class points or extra credit include information about the points or extra credit. Explain alternative options if participant does not want to participate but wants to obtain class points or extra credit].

**How will your child’s privacy and confidentiality be protected if s/he participates in this research study?**

Your child’s privacy and the confidentiality of his/her data will be protected by [Describe how participant privacy and confidentiality of participant data will be accomplished and maintained.]. [If the study will collect anonymous data describe how participant anonymity will be accomplished and maintained].

If it becomes necessary, the Institutional Review Board may need to review the study records. If this happens, information that can be linked to your child will be protected to the extent permitted by law. Your child’s research records will not be released without your consent unless required by law or a court order.

**NOTE: If audio/video recordings will be made include the following statements:**

If you choose to participate in this study, your child [will be/may choose to be] [audio and/or video] recorded. Any [audio and/or video] recordings will be stored securely and only the research team will have access to the recordings. Recordings will be kept for [insert length of time] and then erased.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher [Insert PI name] at [Telephone number] or send an email to [Email address] for any questions or if you feel that you have been harmed. This study has been reviewed and approved by The University’s Institutional Review Board and the study number is [Insert study number].

**Whom to contact with questions concerning your rights as a research participant?**

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, the \_\_\_\_\_\_\_\_\_, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or by email at [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](mailto:compliance@nd.edu) .

**Signature**

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you are 18 years or older and have read the information provided above and have decided to allow them to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study you may discontinue his or her participation at any time. You will be given a copy of this document.

**NOTE: Include the following if recording is optional:**

\_\_\_\_\_\_ My child MAY be [audio and/or video] recorded.

\_\_\_\_\_\_ My child MAY NOT be [audio and/or video] recorded.

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

Printed Name of Child

Printed Name of Parent(s) or Legal Guardian

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

Signature of Parent(s) or Legal Guardian Date

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Signature of Investigator