Template: Parental Consent Form

* *Use a parental consent form when either (a) the parent/guardian gives consent and the child gives separate assent, or (b) the child is not capable of giving assent.*
	+ *Keep the copy that the parent signs, and give the parent a copy of this form to keep.*
* *Keep the language simple and non-technical.*
* *Use headings, bullet points, etc. to avoid having big blocks of text. Try not to have paragraphs longer than about 4 lines of text.*

For studies conducted in schools, include this:

Parents please be aware that under the Protection of Pupils Right Act 20 U.S.C. Section 1232 (c)(1)(A), you have the right to review a copy of the questions asked of or materials that will be used with your students. If you would like to do so, you should contact [Principal Investigator] to obtain a copy of the questions or materials.

*Additional note regarding educational data:* If your study involves FERPA-protected information, you will be required to obtain a [written or electronic] signature. Waiver of documentation of parental consent is not permitted.

**Study Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Researcher[s]:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We’re inviting your child to participate in a research study. Participation is completely voluntary. If you agree to let your child participate, you can always change your mind later. There are no negative consequences, whatever you decide.

**What is the purpose of this study?**

*Describe the goals of the study in simple language, ideally in just one or two sentences. (E.g., “We want to learn how children use pictures to make up stories,” or “We want to study whether giving children information about healthy meals helps them make better choices in the school lunch room.”)*

**What will my child do?**

*Describe study procedures in simple language.*

* *Include the amount of time each activity will take.*
* *If the study includes surveys or interviews, describe the sorts of questions that will be asked. If some students or parents might be offended by any of these questions, make that clear.*
* *Explain where and when research activities will take place.*
* *If children will miss classroom time in order to participate in the study, make that clear.*

*Examples:*

*“Your child will be in a focus group with about 5 other people, ages 10 – 13. A focus group is a discussion with a group of people about a certain topic. They will talk about their experiences of helping to care for an adult with a disability, and about ways in which doctors could provide them with more support.”*

*OR: “In our lab:*

* *We’ll ask your child some questions about their health and exercise habits. (10 minutes)*
* *We’ll measure their weight and height. We’ll ask them to take of their shoes and jackets for this. (5 minutes)*
* *We’ll teach your child some exercises, and they’ll rate how easy and fun they are. (30 minutes) These exercises are described on the attached sheet.*

*At home afterward:*

* *We’ll ask your child to do each exercise for 5 minutes each day.*
* *Your child will keep a diary for 2 weeks to keep track of how often they do the exercises, and give feedback about those exercises.*
* *At the end of 2 weeks, you’ll mail that diary back to us in the envelope we provide.”*

**Risks**

*Delete rows that are not relevant to your study, and add others as appropriate.*

|  |  |
| --- | --- |
| **Possible risks** | **How we’re minimizing these risks** |
| Some questions may be very personal or upsetting. | Your child can skip any questions they don’t want to answer. |
| Others in the focus group might tell others about your child’s responses. | We ask all participants not to tell others about anything said during the focus group. However, we can’t control what others say, so we also remind everyone not to say anything they don’t want others to know. |
| Your child’s information might be seen by someone who should not have access to it. | *Use whichever bullet points apply to your study:** No names or other identifying information will be linked to your child’s information (or: Your child’s name and other identifying information will be removed and replaced with a study ID number).
* Your child’s name and other identifying information will be removed after *[specify a time or specific event]*.
* All electronic data will be encrypted and stored on a password-protected computer.
* All paper data will be stored in a locked filing cabinet in a locked office.
* We will keep your child’s name and other indentifying information separate from your child’s data, but we will link it to them by using a study ID number. This link will be destroyed after we have finished collecting and analyzing the data.
 |
| *For online surveys:* Online data might be hacked or intercepted. | This is a risk whenever people provide information online. We’re using a secure system to collect this data, but we can’t entirely eliminate this risk. |
| *Add rows as needed for other risks (e.g., physical, emotional, social, financial risks)* |  |

There may be other risks that we don’t know about yet. We will tell you anything we learn during this study that might affect your decision about letting your child participate.

**Other Study Information**

*Delete any rows that don’t apply to your study. Modify or add additional rows as appropriate.*

|  |  |
| --- | --- |
| **Possible benefits** | *- List any benefits to the child that result directly from the study procedures. Don’t exaggerate or assume that an investigational intervention will work the way you hope.**- List any benefits to a larger group or to society.**- DON’T include compensation or other incentives here; that comes later.* |
| **Estimated number of participants** | *If needed, explain the numbers in different groups (e.g., 40 teachers and 300 students).* |
| **How long will it take?** | *Estimate the total time for individual participation.* |
| **Where will the study take place?** | *Provide the physical address. Consider attaching/linking a map. Describe any nearby transit stops, parking availability.* |
| **Will my child or I be paid for participating in this study?** | *If no payment, then say, “No, there is no payment for participating in this study.”**Describe how any payment will be made (e.g., “Your child will receive a $10 Amazon gift card. This will be mailed to you about 3 weeks after the study ends.”)**If participants will need to fill out tax forms (e.g., W-9) to receive payment, make that clear.**If appropriate, explain how payment will be handled if the child withdraws before the study is finished.**If the child will receive a non-monetary item in return for participating, describe that item and give an estimate of its dollar value.* |
| **If I don’t want my child to be in this study, are there other options?** *[Include this line for studies that involve providing therapy/treatment to participants]* | Instead of participating in this study, your child can *[describe alternatives. E.g., “… your child can receive individual therapy through our office. We can provide details if you’re interested in learning more.”]* |
| **Future research** | Data/biospecimens (with all names and other identifiers removed) may be shared with other researchers. You won’t be told specific details about those possible future studies.If your child’s data/biospecimens are used for commercial profits, these profits won’t be shared with you.*[Or: Your child’s data/biospecimens will not be used or shared for any future research studies.]* |
| *[Include if relevant]***Photos, videos, or recordings** | We will (record/photograph) your child. These (recordings/videos/photos) will be used for *[insert brief explanation – e.g., “… used to analyze how children behave when they are asked to share toys with strangers”]**Select one:*The recording/photography is optional. Indicate on this form whether you will allow your child to be recorded/photographed.*Or:*The recording/photography is necessary for this research. If you do not want your child to be recorded/photographed, they should not participate in this study. |
| *[Include if relevant]***Removal from this study** | *[Describe any situation in which a participant would be removed from the study. E.g., “In order for our data to be useful, it’s important that your child attend every research session. If your child misses a session and can’t reschedule, we’ll have to take them out of the study.”]* |
| *[Insert if relevant:]***Genetic information** | The specimens your child provides will be used in genetic research. This may include whole-genome sequencing. *[Include a clear, simple explanation of what genetic research will be done.]* |
| **Funding source***[Include if relevant]* | This study is being funded by *[specify funding source].* |

*If the study involves more than minimal risk, include the following:*

**What if my child is harmed from being in this study?**

If you believe that your child has been harmed by being in this study, let us know. If it’s an emergency, get help from your child’s doctor or by calling 911 right away, and then tell us afterward. You or your insurance will have to pay for all costs of treatment. *[Modify this as necessary to address specific risks in your study.]*

**Confidentiality and Data Security**

*If biospecimens are collected or used in this study, substitute “biospecimens” for “information” throughout this section.*

We will collect the following identifying information for this study: [*provide a list, e.g., your child’s name, email address, student number*]. This information is needed because [*explain why these identifiers are used*].

The people who will see your child’s information are: [*list, e.g., the researchers, the review board that makes sure we’re following laws and ethical guidelines, other researchers working on related studies, findings presented in public presentations or publications*]. If the findings of this study are shared, no names or other identifying information will be included.

**Mandated Reporting**

If we learn or suspect that a child is being abused or neglected, we are required to report this to the authorities.

**Contact Information**

For questions about this study:

 *Researcher name(s), with phone number, email or other suitable contact method*

For questions about your child’s rights as a research participant:

 Idaho State University Human Subjects Committee

 208-282-2179 humsubj@isu.edu

**Signatures**

If you have had all your questions answered and you agree to have your child participate in this study, sign on the lines below. Remember, participation in this study is voluntary, and you and your child are free to withdraw from it at any time.

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Child’s Name (print)

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Name of Parent or Guardian (print)

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Signature of Parent or Guardian (or legally authorized representative) Date