

Consent for Child to Participate in a Research Study

(For use with parents’ or guardians’ of children)

What follows is a consent form that explains what will be happening if you choose to allow your child to participate in this research study. The first section (Investigator Information) should have been completed by the investigator. If this section is incomplete, do not give your permission. Do not give your permission if this study has not been assigned an IRB approval number. The information you need to provide begins on Page 2. Please read each section carefully.

**Investigator Information (to be completed by Principal Investigator)**

|  |  |
| --- | --- |
| IRB approval number: |  |

|  |  |
| --- | --- |
| Title of project: |  |

|  |  |
| --- | --- |
| Name of principal investigator (PI): |  |

|  |  |
| --- | --- |
| Email of PI: |  |

|  |  |
| --- | --- |
| Telephone number of PI: |  |

|  |  |
| --- | --- |
| Department or major of PI: |  |

|  |
| --- |
| Position held by PI: |

[ ] fulltime faculty

[ ] part-time faculty

[ ] visiting faculty

[ ] adjunct faculty

[ ] administrator

[ ] staff

[ ] student

*If PI is a student or staff, complete the remainder of the information in Section A, otherwise go to Section B.*

|  |  |
| --- | --- |
| Name of faculty or administrator sponsor: |  |

|  |  |
| --- | --- |
| Email of sponsor: |  |

|  |  |
| --- | --- |
| Telephone number of sponsor: |  |

|  |  |
| --- | --- |
| Department or office of sponsor: |  |

|  |
| --- |
| Position held by sponsor: |

[ ] fulltime faculty

[ ] part-time faculty

[ ] visiting faculty

[ ] adjunct faculty

[ ] administrator

**General information about research studies**

You are being asked to allow your child to participate in a research study*.* Whether you do is entirely up to you. You may refuse to give permission, or you may withdraw your permission at any time for any reason without any penalty. Even if you give your permission, your child can stop participating at any time if he or she wishes.

Research studies are designed to gather new information. This new information might help someone in the future. Your child might not receive any obvious or direct benefit by participating in this study. In fact, there might be risks to being in a research study. If there are, this information and other information about this study are described below so that you can decide whether you want your child to participate in the study.

You will be given a copy of this consent form. You should ask the investigator(s) named above, or staff members who assist them, any questions you have about this study at any time.

**Purpose of this study**

The purpose of this study is to …

Your child is being asked to participate in this study because …

**Reasons why your child should not participate in this study**

(Delete this section if there are no exclusion criteria.)

**Number of children participating in this study**

If you allow your child to participate in this study, she or he will be one of approximately xxx children who will participate in this study.

**How long this will take (i.e., duration of participation)**

If you allow your child to participate in this study, his or her involvement will take about xxx minutes/hours.

**What will happen when your child participates in this study**

(Describe the step-by-step procedure in everyday language.)

**Possible benefits of participating in this study**

(Choose one preamble or the other, but not both.)

As mentioned above, research studies are designed to gather new information. This new information might benefit someone in the future. There might not be any obvious or direct benefit to your child if she or he participates in this study.

OR

As mentioned above, research studies are designed to gather new information. This new information might benefit someone in the future. Your child might also benefit by participating in this study by …

**Possible risks or discomforts related to participating in this study**

(Describe the risks or discomforts in everyday language.)

It is possible that there are unknown risks or discomforts. Please report any problems immediately to the investigator(s).

**Videotaping**

You child will not be videotaped.

OR

You child will be videotaped.

**Audiotaping**

You child will not be audiotaped.

OR

You child will be audiotaped.

**Protecting your child’s privacy**

(Describe in detail and in everyday language how a subject’s privacy will be protected. This information should be consistent with what was approved in the IRB application.)

Children who participate in this study (will/will not) be identified in any report or publication about this study. Although every effort will be made to keep the research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is unlikely to happen, but if disclosure is required, the investigator will take whatever steps are allowable by law to protect the privacy of your child’s personal information. In some cases, your child’s information in this research study could be reviewed by representatives of the University of Redlands, research sponsors, or government agencies for purposes such as quality control or safety.

**What will happen if your child experiences any problems or discomforts during or after his or her participation**

Anything someone does, including participating in research, carries with it some chance that something problematic or unwanted may happen. This may include risk of personal injury. Despite all of the precautions, your child might experience an unwanted reaction or injury related to participating in this study. Although the researcher may direct your child to medical, psychological, or other services, any costs related to such problems are your or your insurance company’s responsibility. However, by signing this consent form, you are not giving up any of your or your child’s legal rights.

**Compensation for participating in this study**

Your child will not receive anything for participating in this study.

OR

(Specify compensation.)

**Costs of participating in this study**

With the possible exception of transportation costs, there are no obvious costs for participating in this study.

**Questions about this study**

You and your child may ask and have answered any question about the research. If you or your child have questions or concerns, you should contact the Principal Investigator (PI) or faculty or administrator sponsor (if the PI is a student). The contact information is listed on page 1 of this consent form.

**Questions or concerns about the investigators, staff members, and your participation in the study**

This study was approved by the University of Redlands Institutional Review Board (IRB). This board tries to ensure that your child’s rights and welfare are protected if you allow him or her to participate in the study. If you have any questions about your child’s involvement or how she or he were treated by the research personnel, you may contact the Chair of the IRB, Dr. Catherine Salmon at Catherine\_salmon@redlands.edu or by telephone at 909-748-8672.

**Parent’s or Guardian’s Agreement**

I,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

Printed Name of Parent Above

have read the information presented above. I have asked all questions I had at this time. I voluntarily give permission for my child,

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ,

Printed Name of Child Above

to participate in this research study.

|  |  |
| --- | --- |
|  |  |
| Signature of Parent or Guardian | Date |

*To be completed by researcher:*

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

Print Name of Person Obtaining Consent

|  |  |
| --- | --- |
|  |  |
| Signature of Person Obtaining Consent | Date |