**Parental Consent for Child/Ward's Research Participation Form [Template]**

**[Replace text in brackets]**

**Title of Study:** [Insert name of study here]

**Principal Investigator:** [Insert name of PI here]

**IRB Study Number:** [Include number assigned to your approved project]

**KEY INFORMATION:**

Your child/ward/ward is being asked to take part in a research study. This form has important information about the reason for doing this study, what your child/ward will be asked to do, and the way I/we would like to use information about your child/ward if you choose to allow your child/ward to be in the study.

[Insert one paragraph that includes the following components:

1. A statement that the project is research and participation is voluntary

2. A summary of the research including purpose, duration, and list of procedures

3. A list of reasonable, foreseeable risks or discomforts

4. A list of reasonable, expected benefits

5. Alternative procedures or courses of treatment (if applicable)]

**What Will My Child/Ward be Asked to Do if They Participate in this Study?**

Your child/ward will be asked to [explain what participants will be asked to do]. [Explain if you will be asking any personal or sensitive questions.] Participation should take about [insert expected amount of time].

[If you will be recording subjects, include the following]: We would like to video record [or audio record] your child/ward as they perform [study task(s) that will be recorded], to make sure that we remember accurately all the information. The researchers will keep these recordings in [explain where you will keep them] and they will only be used by [explain who will have access to the recordings]. We will only video record [or audio record] your child/ward if you and your child/ward give us permission.

[If subjects may participate without being recorded, include “I agree…” and “I do not agree…” options at the end of this form. If audio/video recording are not optional, then state “Audio/Video recording is required for participation in this study. If you or your child/ward do not wish to be recorded, it is not possible for your child/ward to be in this study.”]

[NOTE: If the parent is also a participant in the study, include a section describing what research tasks the parent will be asked to do OR create a separate consent form addressing the parent as a participant.]

**What are the Possible Risks or Discomforts to My Child/Ward?**

[Explain any foreseeable risks to subjects here.

Examples:

To the best of our knowledge, the things your child/ward would be doing in this study have no more risk of harm than the risks of everyday life.

OR

Your child/ward’s participation in this study does not involve any physical or emotional risk to your child/ward beyond that of everyday life.

OR

Your child/ward’s participation in this study may involve the following risks… [describe any reasonably foreseeable risks to psyche, reputation, employability, insurability, social status, criminal or civil liability that may occur as a result of participation.]

Examples of risk explanations:

•Your child/ward may get tired during the tasks. Your child/ward can rest/take a break at any time.

•Your child/ward may feel emotional or upset when answering some of the questions. Your child/ward can tell the interviewer at any time if he/she wants to take a break or stop the interview.

•Your child/ward may be uncomfortable with some of the questions and topics I/we will ask about. If your child/ward is uncomfortable, they are free to not answer and/or skip to the next question.]

**What are the Possible Benefits for My Child/Ward or Others?**

Your child/ward is not likely to have any direct benefit from being in this research study. This study is designed to learn more about [insert purpose/topic of study]. The study results may be used to help other people in the future.

AND/OR (researcher’s determination)

Taking part in this research study may not benefit your child/ward personally, but we may learn new things that will help others.

AND/OR (researcher’s determination)

The possible benefits to your child/ward from this study include… [Do NOT include information on payment/reimbursement in the description of benefits; that information belongs in the separate Payment or Compensation section.]

**How Will You Protect the Information Collected About My Child/Ward?**

Results of this study may be used in publications and presentations. [Explain measures to protect data confidentiality/personal privacy here. If disclosure of faces or voices is necessary to understanding the research and therefore identifying information may be used in reports/ presentations, explain this and provide “I agree...” and “I do not agree...” options at the end of form.]

**Payment or Compensation**

[Participation in this study will involve no cost to you or your child/ward. Your child/ward will not be paid or compensated for participating in this study.

OR

If subjects will be paid, explain the amount and terms of payment, reimbursement, or compensation. If payments will be prorated if a subject withdraws from the study, state the terms]

**What are My Child/Ward’s Rights as a Research Participant?**

Participation in this study is voluntary. Your child/ward may withdraw from this study at any time. Neither you and your child/ward will be penalized in any way or lose any sort of benefits for deciding to stop participation. [Include this if research is being done in a school setting]: If you and your child/ward decide not to be in this study, this will not affect the relationship you and your child/ward have with your child/ward’s teachers or school in any way. Your child/ward’s grades will not be affected if you choose not to let your child/ward be in this study.]

**Who Can I Contact if I Have Questions or Concerns About this Research Study?**

If you or your child/ward have any questions, you may contact the researchers at [add your contact information, including name, telephone number, and email address]. [If the PI is a student researcher, add the name, telephone number, and e-mail address of the faculty supervisor]. If you have any questions about your child/ward’s rights as a participant in this research, you can contact the Chair of the Merrimack College Institutional Review Board at 978-837-5280 or by email at irb@merrimack.edu.

**Parental Permission for Child/Ward’s Participation in Research**

I have read this form and the research study has been explained to me. I have been given the opportunity to ask questions and my questions have been answered. If I have additional questions, I have been told whom to contact. I give permission for my child/ward to participate in the research study described above and will receive a copy of this Parental Permission Form after I sign it.

**[Optional Study Element Consents**

[This section should include other explicit consents for optional elements of the research procedures, such as audio recording, video recording, storing photographs for future use, or using the subjects’ actual name in research publications.]

Initial one of the following to indicate your choice:

\_\_\_\_\_ (initial) I agree to [insert concise statement]

\_\_\_\_\_ (initial) I do not agree to [insert concise statement]

Examples:

# Consent to Quote from Interview

I may wish to quote from the interview with your child/ward either in the presentations or articles resulting from this work. [If a pseudonym will be used, include this statement: A pseudonym (fake name) will be used in order to protect your child/ward’s identity.]

Initial one of the following to indicate your choice:

\_\_\_\_\_ (initial) I agree to [insert concise statement]…

\_\_\_\_\_ (initial) I do not agree to [insert concise statement]…

## Consent to Audio-Record Interview

Initial one of the following to indicate your choice:

\_\_\_\_\_ (initial) I agree to [insert concise statement]…

\_\_\_\_\_ (initial) I do not agree to [insert concise statement]…

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Student/Ward's Name (print)

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Parent/Legal Guardian’s Name (print)

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Parent/Legal Guardian’s Signature Date

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

Person Obtaining Parental Permission's Name (print)

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Person Obtaining Parental Permission's Signature Date