**Research Study Parent Permission Form**

**Study Title:** *[Title as listed on IRB application]*

**Researchers:** *List names, academic/staff positions, divisions/departments, and telephone numbers of ALL investigators and co-investigators*

**Sponsor:** *[Delete if not applicable]*

You are being asked to allow your child to take part in a research study carried out by (name of PI and co-PIs). Please read this form carefully, taking as much time as you need. Ask the researcher to explain anything you do not understand.

You may refuse to grant permission or withdraw your permission for your child to be in the study for any reason. If you grant permission, your child will then be asked if they would like to participate in the study. Although you grant permission, your child may still decide to not be in the study or leave at any time.

**What is this research study about?**

The purpose of this study is to [describe the purpose of the study in a detailed and understandable manner]. We are asking your permission to allow your child to participate in the study because [indicate what criteria the child met for you to be asking for their participation]. Their participation in the study will be about [indicate how much time (minutes, hours, weeks, months, or years)].

**What will my child be asked to do if they participate?**

If you allow your child to participate in the study, we will ask them to [indicate what you will be asking the child to do during the study making sure to include a detailed description of the procedures, use of records, **video/audio recordings**, and results that will be given to the child].

**What are the benefits of allowing my child to participate?**

Some of the potential benefits to your child for taking part in this study are [indicate benefits that relate directly to the study participants, and if there are none, state “*There is no direct benefit to your child for taking part in this study*” – Describe generalizable or societal benefits in a sentence such as: If your child takes part in this study, it may help others in the future].

***NOTE****: Do not include financial compensation or other forms of incentive as benefits of being in the project. This information belongs in the section on costs or payments.*

**What are the risks of allowing my child to participate?**

Although we do not believe that anything bad will happen to your child, some potential risks to your child for taking part in this study include [indicate any physical discomforts, along with risks associated with sensitive questions, and psychological, social, or loss of confidentiality – describe the precautions that are being taken to minimize risks and what steps will be taken if risks occur].

***NOTE:*** *Do not state that there are no risks or that risks “should be minimal.”*

**Will my child’s information be kept anonymous or confidential?**

The data collected from this study will [be collected anonymously. Neither the researcher(s) nor anyone else can link the data to your child] (or) [be kept private and confidential to the extent allowed by law]. The data [explain what steps will be taken to ensure that the data collected is either anonymous or confidential making sure to express elements such as where the data will be stored and who will have access to it].

***NOTE****: Whenever a CSU employee, in his/her professional capacity or within the scope of his/her employment, has knowledge of or observes a person under the age of 18 years whom the employee knows, or reasonably suspects, to have been the victim of child abuse or neglect, the employee must report the incident to the appropriate authorities.*

[Inform parents that voice, video, digital, or image recording is optional and not required for their children to participate].

The results of this study may be published or presented at professional meetings, but your child’s name will not be used or associated with the findings. The data for this study will be kept for \_\_\_ years [CSUF requires a minimum of 3 years after the completion of the study, but if it will be kept longer, explain why and what it will be utilized for].

**Are there any costs or payments for participating?**

[There is no cost to you or your child for taking part in this study] **or** [Your child will receive \_\_\_\_\_ for taking part in this study. If you decide to withdraw your permission or if your child decides to leave the study, your child will receive \_\_\_\_\_. (Explain the method or schedule for each payment) (**If applicable**) If your child receives payment for taking part in this study, you may be asked to provide your home address] **or** [You or your child will not receive money or any other form of compensation for your child’s participation in the study].

**What rights does my child have as a participant?**

Your child’s participation in this study is completely voluntary. Your child may choose not to take part in this study, choose not to answer specific questions, or leave the study at any time. There will be no penalty or loss of benefits to which you or your child are entitled if you choose not to give your permission for your child to take part or your child withdraws from the study.

**What if I have questions?**

If you have questions about this study or the information in this form, please contact [name and complete contact information: e-mail address and phone number]. (For studies involving more than minimal risk, include a 24-hour emergency telephone number with your name or position (when relevant)). If you have questions about your rights or your child’s rights as a research participant, please contact the Institutional Review Board at (657) 278-7719 or e-mail irb@fullerton.edu

**What does my signature on this Consent Form mean?**

Your signature on this form means that:

* You understand the information given to you in this form
* You have been able to ask the researcher questions and state any concerns
* The researcher has responded to your questions and concerns
* You believe you understand the research study and the potential benefits and risks that are involved for your child.
* You understand that even if you give your permission, your child may choose not to take part in the study.

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**Statement of Consent [In-Person Consent]**

By signing below, I give consent for my child to participate in the above-referenced study.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

***NOTE****: If the study is requiring electronic consent forms, then the Statement of Consent must be adjusted to fit the programming. An example is provided below. Use the section that corresponds to your study type (in person or online).*

**[Electronic Consent]**

By clicking below, I agree to allow my child to participate in the above-referenced study. You may print this page for your records.

 AGREE

 DISAGREE

**[If you are requesting permission to audio or videotape; create a second signature line for that. A child could conceivably be willing to participate, but not to be included in an audio or videotape.]**

**Your signature below indicates that you are permitting audio/videotape of your child’s responses. [Delete if not applicable]**

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

**[or]**

 AGREE

 DISAGREE