**Parental/Legal Guardian Consent Agreement – Consent for Child’s Participation in Research Study**

**Please read this consent agreement carefully before you decide to authorize your child’s participation in the research study.**

NOTE to research team: Remove all prompts/suggestions within brackets and in yellow highlight before submitting for approval. Substitute appropriate terminology in reference to the child – this template assumes that a parent is completing the form, but a guardian may also complete the form if the parent is not the legal guardian or if the parent is the legal guardian but is not available due to incarceration, diminished capacity recognized by a medical or mental health professional, or another extenuating circumstance that prevents review and authorization of the child’s participation in the study.

**Project Title:**

**Purpose:** The purpose of this research study is to .

**Participation:** Your child is being asked to participate in this study because [selection criteria/eligibility requirements]. This study will take place [identify the location in which the study will be conducted]. Your child will be asked to [Explain specifically, completely and clearly, without jargon, what the participants will be asked to do. If applicable, sample questions or descriptions can be inserted here. If follow-up contact is required be sure to fully describe it].

**Time Required:** Your child’s participation is expected to take about [Clearly state the duration; if multiple sessions, be clear about the number of visits or sessions and duration per visit or session.].

**Risks & Benefits:** The potential risks associated with this study are [Include any foreseeable risks, inconvenience, and discomforts to subject, including how those risks will be managed. When discussing management of risks include information on who will be responsible for seeking and paying for medical treatment for the participant if necessary, one cannot use exculpatory language. If no foreseeable risks or discomforts are anticipated, state so. Do not state that there are no risks, as one cannot guarantee this.] The study is expected to benefit your child by [Include any foreseeable benefits. There must be some sort of potential benefit, even if not immediate to the participants, so you can state here that there are no anticipate direct benefits to the participants but that there may be or is expected to be benefits to a group, society, science, etc. Consider whether they will learn something through the process, as there could be an educative benefit as the primary or supplemental benefit. Extra credit for the participant is not a benefit. Allowing the researcher to get course credit or experience as a researcher is not a benefit.] In addition, the study is expected to benefit [society and/or science] by [this is where the research team can describe societal and scientific benefits using lay language.].

**Compensation:** As compensation for your participation, you or your child [specify who will receive the compensation] will receive [Describe any reimbursement or other compensation]; and the conditions associated with this compensation are [Describe any conditions associated with reimbursement, if applicable; estimate odds of winning if using a lottery; If no compensation will be given state clearly “There is no compensation for participation in this study” instead of inserting this sentence.]. [Extra credit is not a form of compensation; it is an incentive… if offered, provide details in the voluntary participation section, below.]

**Voluntary Participation:** Please understand that your child’s participation is completely voluntary. Your child has the right to refuse to participate regardless of your authorization via this signed form and/or answer any question(s) for any reason, without penalty. Your child also has the right to withdraw from the research study at any time, without penalty. You have the right to remove your child from the research study at any time, without penalty. If you or your child wants to withdraw from the study please tell the researcher or a member of the research team who is present during your child’s participation. [Include a statement indicating that the researcher has the right to end subject participation in the study for various reasons and list the possible reasons why.] [If extra credit is being provided as an incentive, then provide that information here with a clear statement that students will not be penalized if they do not participant AND that an alternative non-research extra credit opportunity is available for the same extra credit amount.] Your authorization of your child’s participation via this signed form does not require your child to participate – a member of the research team will tell your child about the study and ask your child if she/he wishes to participate; if yes, the child will sign an informed assent agreement. A blank copy of that form will be provided to you [or your child]. If you do not sign this form that you are reading right now, then your child may not participate in the study – whether she/he wants to or not. In other words, if you say ‘no’ to the study, your child will not participate.

**Confidentiality:** Your and your child’s individual privacy will be maintained throughout this study by members of the research team [or researcher, if only one researcher]. In order to preserve the confidentiality of your child’s responses, we have [Describe steps that have been taken to ensure confidentiality, i.e. “Your information will be assigned a code number. The list connecting your name to this number will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your name will not be used in any report or oral dissemination.” If you conduct your experiment in which participants will be audio and/or video tape-recorded, you must explain what the disposition of the tapes will be at the conclusion of the study.]. Signed informed consent agreements, research data, sign-up sheets, and any codes linking research data with subject names will be kept for three years in a locked room [or locked cabinet in a locked room] located at [building name, room number, individual’s office] under the care of [name of person responsible for maintenance of the records, usually the PI] on the Lynchburg College campus [only include those documents being used in the study; for instance, if the study does not use a signup sheet then do not include that in the list.].

**Whom to Contact with Questions:** If you have any questions or would like additional information about this research, please contact [name of PI or lead researcher] at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [phone number, mailing address, email address; offer as many as deemed appropriate for participants]. [If a student, insert the following statement, “You can also contact my faculty research sponsor, who is the Principal Investigator (PI) for this project and is supervising my work on the study, at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [list email and phone number for faculty mentors].] The Lynchburg College Institutional Review Board (IRB) for Human Subjects Research has approved this project. This IRB currently does not stamp approval on the informed consent/assent documents; however, an approval number is assigned to approved studies – the approval number for this study is [leave this blank; Dr. Foreman-Kready will fill this in once your study is approved; make sure you submit this form as a WORD DOCUMENT]. You may contact the IRB Director and Chair, Dr. Sharon Foreman-Kready, through the Office of the Associate Dean for Academic Affairs at Lynchburg College at 434.544.8327 or irb-hs@lynchburg.edu with any questions or concerns related to this research study. [Do not alter the final two sentences in this section.]

**Agreement:** I understand the above information and have had all of my questions about my child’s participation in this research study answered. By signing below I authorize my child’s participation in the research study described above and verify that I am 18 years of age or older and am legally authorized to provide parental consent as the legal parent or guardian of the child.

Signature of Parent or Guardian

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian

Printed Name of the Child (Participant)

Signature of Researcher

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Researcher

Signature of Witness\*

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Witness

\*Witness signature is only required for full board review study proposals; Remove the signature block for witness if the study is not a full board proposal.

**You will receive a copy of this form for your records.**

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