Informed Consent for Child Participation in Research Activities

Insert Title of Research

Participant ________________________________ HSC Approval Number ____________________

Principal Investigator ___________________________ PI’s Phone Number ____________________

IMPORTANT: All words appearing in red on this form should be REPLACED with information in black OR deleted altogether. Don’t forget to change the material above in the address.

1. Your child is invited to participate in a research study conducted by (Project Director's Name goes here)/ and (Faculty Advisor's Name goes here whenever the Project Director is a student). The purpose of this research is fill in purpose in layperson’s terms.

2. a) Your child’s participation will involve
- Describe the procedures chronologically using simple language, short sentences and short paragraphs. The use of subheadings helps to organize this section and increases readability. Medical and scientific terms should be defined and explained. Identify any procedures that are experimental.
- Specify the subject's assignment to study groups, frequency of procedures, location of the procedures to be done, etc.
- If there are calendars, flowcharts, tables or pictures, that would help explain the procedures, note what they are and attach them.

   Approximately [insert number of subjects] may be involved in this research. [If this is a multi-center project, explain the total number of subjects anticipated and the projected number of research sites.]

   b) The amount of time involved in your child’s participation will be length of time for participation in each procedure, the total length of time for participation (Include this next part if there is ANY type of remuneration, AND you must provide actual AMOUNT) and your child will receive … for his/her time.

3. There are no anticipated risks to your child associated with this research. OR There may be certain risks or discomforts to your child associated with this research. They include (e.g., uncomfortable feelings that might come from answering certain questions)

4. There are no direct benefits for your child’s participation in this study. However, your child’s participation will contribute to the knowledge about X and may help society OR The possible benefits to your child from
participating in this research are (Use the second option ONLY IF there are tangible direct benefits, such as feedback re: personality characteristics)

5. Your child’s participation is voluntary and you may choose not to let your child participate in this research study or to withdraw your consent for your child’s participation at any time. Your child may choose not to answer any questions that he or she does not want to answer. You and your child will NOT be penalized in any way should you choose not to let your child participate or to withdraw your child.

6. We will do everything we can to protect your child’s privacy. By agreeing to let your child participate, you understand and agree that your child’s data may be shared with other researchers and educators in the form of presentations and/or publications. In all cases, your child’s identity will not be revealed. In rare instances, a researcher’s study must undergo an audit or program evaluation by an oversight agency (such as the Office for Human Research Protection). That agency would be required to maintain the confidentiality of your child’s data.

7. If you have any questions or concerns regarding this study, or if any problems arise, you may call the Investigator, (insert name and phone number) or the Faculty Advisor, (insert name and phone number). You may also ask questions or state concerns regarding your child’s rights as a research participant to the Office of Research Administration, at 516-5897.

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my child’s participation in the research described above.

Parent’s/Guardian’s Signature             Date                        Parent’s/Guardian’s Printed Name

____________________________________
Child’s Printed Name

____________________________________
Signature of Investigator or Designee       Date                        Investigator/Designee Printed Name