



Written Consent Form: **IRB010B** Consent Age 7-14

Gratz College  
Consent to Participate in a Research Study (IRB010B)  
Minor Participant (age 7-14 years)

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**Title of Study:**

**Principle Investigator:**

**Principle Investigator's Email address:**

**Project Advisor:**

**Project Advisor's email address:**

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**These are some things we want you to know about research studies:**

Your parent needs to give permission for you to be in this study. You do not have to be in this study if you don't want to, even if your parent has already given permission.

You may stop being in the study at any time. If you decide to stop, no one will be angry or upset with you.

Sometimes good things happen to people who take part in studies, and sometimes things we may not like happen. We will tell you more about these things below.

**Why are they doing this research study?**

The reason for doing this research is to

**Why are you being asked to be in this research study?**

**How many people will take part in this study?**

If you decide to be in this study, you will be one of a maximum of \_\_\_\_\_ people in this study.

**What will happen during this study?**

This study will take place at (*name study site*) and will last (*number of days*) during this study.

**Will you get any money or gifts for being in this research study?**

People may have good things happen to them because they are in research studies. These are called “benefits.” such as receiving candy or money. Aside from maybe having some fun, you will not receive any benefits from being in this research study.

**What are the bad things that might happen?**

Sometimes things happen to people in research studies that may make them feel bad. These are called “risks.” Most of the time there are no risks involved. None of them may happen to you, or things may happen that the researchers don’t know about. You should report any problems to the researcher.

**How will your privacy be protected?**

You will not be identified in any report or publication about this study.

We will not tell anyone what you tell us without your permission unless there is something that could be dangerous to you or someone else. If you tell us that someone is or has been hurting you, we may have to tell that to people who are responsible for protecting children so they can make sure you and others are safe.

**What if you or your parents don’t want you to be in this study?**

If you or your parents don’t want you to be in this study, you can withdraw at any time.

**Who should you ask if you have any questions?**

If you have questions, or concerns, you should ask the people listed on the first page of this form. If you have other questions about your rights while you are in this research study you may contact the Institutional Review Board at 215-635-7300, ex. 168.

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**Participant’s Agreement:**

If you sign your name below, it means that you agree to take part in this research study.

\_\_\_\_\_

\_\_\_\_\_

Signature of Person Giving Consent

Date

\_\_\_\_\_

Printed Name of Person Obtaining Assent