



Written Consent Form: **IRB010D** Parental Permission

Gratz College
Parental Permission for a Minor Child to Participate in a Research Study

Title of Study:

Principle Investigator:

Principle Investigator's email address:

Project Advisor:

Project Advisor's email address:

What are some general things you should know about research studies?

You are being asked to allow your child to take part in a research study. To join the study is voluntary. You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason, at any time. Even if you give your permission, your child can decide not to be in the study or to leave the study early.

Research studies are designed to obtain new knowledge. This new information may help people in the future. Your child may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you and your child can make an informed choice about being in this research study.

You will be given a copy of this consent form. You and your child should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to learn about _____
Your child is being asked to be in the study because _____

Are there any reasons you should not be in this study?

Your child should not be in this study if _____

How many people will take part in this study?

Your child will be one of ____ other people in this research study.

How long will your child's part in this study last?

Your child's part in this study will last _____

What will happen if your child takes part in the study?

What will happen if your child takes part in this study _____

What are the possible risks or discomforts involved from being in this study?

There is minimal risk in participating in any research project and for most subjects, the risk of participating in this study is no greater than that ordinarily encountered during participation in general research studies. Although we do not expect that participating in the study will cause any distress, all research has potential risk associated with it. If you have any concerns or encounter any difficulties, feel free to contact the IRB chair, Dr. Ruth Sandberg at rsandberg@gratz.edu.

How will your child's privacy be protected?

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

Exception to confidentiality – Mandatory reporting

If your minor child reveals that a probable crime has been committed against him or her (such as physical, psychological, or sexual abuse), I am mandated by law to report that information to the appropriate legal authorities.

Will your child receive anything for being in this study?

Your child will not receive anything for taking part in this study.

Will it cost you anything for your child to be in this study?

You will incur no costs for having your child in the study.

What if you or your child have questions about your rights as a research participant?

You and your child have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

Parent's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily give permission to allow my child to participate in this research study.

Printed Name of Research Participant (Child)

Signature of Parent

Date

Printed Name of Parent