 [Insert Department]

PARENT/GUARDIAN PERMISSION Form

[Insert Title of Study]

***Note to investigators:*** *this template encompasses all of the required and some additional elements of informed consent, as required by federal regulations for EXEMPT Studies only. These requirements can be found on the* [*IRB’s website*](https://irb.okstate.edu/consent-process)*. In the header above enter your Department. Please use consent form if you are asking for written consent and use participant information form if you are requesting a Waiver of Documentation of Consent (no signature line).*

*Text that does not apply to your research should be deleted or modified as appropriate. The text is intended to be instructional rather than declarative. Be sure to delete all instructive text, which is in red, italicized font throughout the document, before submitting the informed consent for IRB review. Sections highlighted in dark grey are fillable text fields you are expected to complete.*

### Background Information

Your child is being invited to be in a research study of [Insert a general statement about the study]. We ask that you read this form and ask any questions you may have before agreeing for your child to be in the study. Your child’s participation in this research is voluntary. There is no penalty for refusal to participate, and you are free to withdraw your consent for your child’s participation in this project at any time. Your child can stop and quit the research study at any time they become uncomfortable or just want to stop. *(If applicable)* Your decision whether or not to allow your child to participate in this study will not affect their *(Example:* *grades in school, etc.)* [Description].

**This study is being conducted by:** [Name of researcher, department (indicate University affiliation)]

***\*\*****If the Researcher is a Student, add the following:* ,under the direction of [Name of Faculty Adviser, department (indicate University affiliation)].

**Procedures**

**If you agree to let your child, be in this study, we will ask them to do the following things:** *Provide a detailed description of what participants will be asked to do, taking care to use easily understandable language and terms. It may be helpful to use pictures, tables, and/or flowcharts to improve participant comprehension of the procedures involved. If the participant will be photographed, audio taped, or video taped, include a description in this section. If your study involves deception, please give as much information as possible without using false statements.*[Procedures]

*If the study involves biospecimens, please use the Biomedical Informed Consent Template instead.*

**Participation in the study involves the following time commitment:** *If the study includes multiple sessions, describe the amount of time that is required for each task, session, experiment and the total time for all sessions.*[Time Required]

### Risks and Benefits of being in the Study

**The study involves the following foreseeable risks:** *Describe the risks and what you will do to minimize the risks. Include all possible physical, psychological, professional or personal risks and/or hazards for the participants in this section. Any risks listed in the protocol must be addressed in the consent form. However, it is important to not overstate the risks as well.*[Risk(s)]. In order to assist with the offset of these risks, [Protections] will be provided.

*OR*

*If no risks:*

There are no known risks associated with this project, which are greater than those ordinarily encountered in daily life. There are no risks to your child’s safety.

**The benefits to participation are:** *List direct benefits to subjects. This section must be consistent with the benefits as explained in the protocol submitted to the IRB. DO NOT include compensation, payments, or extra credit in this section.* The benefits which may reasonably be expected to result from this study are[Direct Benefits to Participants]. We cannot guarantee or promise that your child will receive any benefits from this study.

All studies should include a statement that states there is a potential risk of breach of confidentiality which is minimized by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*OR*

*If no direct benefits:*

There are no direct benefits to you or your child. More broadly, this study may help the researchers learn more about [Topic(s)] and may help [future populations with a similar issues/future researchers design interventions to help with a topic].

*If in person procedures are being used and involve devices the following should be included:*

**Disinfecting materials:** When feasible, researchers will clean and disinfect surfaces between participants, using an EPA-registered disinfectant or a bleach solution (5 tablespoons of regular bleach per gallon of water) for hard materials and by laundering soft materials. Disinfected materials will be handled using gloves, paper towel, plastic wrap or storage bags to reduce the chance of re-contamination of materials.

**Electronics:** Alcohol-based wipes or sprays containing at least 70% alcohol will be used to disinfect shared touch screens, mice, keyboards, etc.

**Compensation**

*If participants will receive a small token or chance in a drawing, include that information here. Explain when disbursement will occur and conditions of payment. For example, if monetary benefits will be prorated due to early withdraw. If using a Drawing: Describe the odds of winning the drawing. If using Extra Credit: If participants will receive class points, please note the number of points as a percentage of the grade and include the alternative assignment.* You and/or your child will receive [Describe Compensation] as compensation for your participation.You and/or your child will receive payment [Include payment or reimbursement information here.] *If compensation is over $100:* You may need to provide a social security number to receive payment. *If necessary:* To be eligible to receive the compensation, you need to [Describe Prorated Payment].

*OR*

*If no compensation:* You and your child will receive no payment for participating in this study.

**Confidentiality**

*Use this section to describe how you will keep the participant’s data private and confidential. This should include a brief statement about how you will collect their data, store it, and use it in your study.* *Select the text appropriate for your particular study. Address then delete instructional text once complete. These examples will not cover all situations, please adjust as needed for your study.*

*Anonymous. Reseacher does not know who completed the study:*

The information your give in the study will be anonymous. This means that your name will not be collected or linked to the data in any way. The researchers will not be able to remove your data from the dataset once your participation is complete.

*Anonymous Results But Researchers Can Identify Who Participated:*

The information your give in the study will be stored anonymously. This means that your name will not be collected or linked to the data in any way. Only the researchers will know that you have participated in the study. The researchers will not be able to remove your data from the dataset once your participation is complete.

*Coded Data/Pseudonym linked with identifying information:*

The information that your child gives in the study will be handled confidentially. Their information will be assigned a code number/pseudonym. The list connecting their name to this code 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 and your child’s name will not be used in any report.

*Confidentiality cannot be Guaranteed:*

*In some cases it may not be possible to guarantee confidentiality (e.g. an interview of a prominent person, a focus group interview, ethnographic research, oral history projects).*

Because of the nature of the data, I cannot guarantee your child’s data will be confidential and it may be possible that others will know what they have reported. The researchers will make every effort to ensure that information about your child remains confidential but cannot guarantee total confidentiality. Their identity will not be revealed in any publications, presentations, or reports resulting from this research study. *If applicable:* However, it may be possible for someone to recognize their particular story/situation/response. *If your research is in a group setting:* While we will ask all group members to keep the information, they hear in the group confidential, we cannot guarantee that everyone will do so.

We will collect your information through *(Examples: interviews, audio recordings, online surveys, paper surveys, e-mail, etc.)* [Data Collection Method]. This [information/data] will be stored *(Examples: a locked drawer in a restricted-access office, on an encrypted flash drive/external hard drive, in a restricted access folder on Dropbox.com, an encrypted, cloud-based storage system, etc.)* [Data Storage]. *If the data has identifiers that will be separated and destroyed, state the timeframe for doing so:* When the study is completed and the data have been analyzed, the code list linking names to study numbers will be destroyed. This is expected to occur no later than [State Time Frame]. *If the data has audio/visual recording, please state the timeframe for destruction of the recording and what, if anything, will be kept:* The audio/video recording will be transcribed. The recording will be deleted after the transcription is complete and verified. This process should take approximately [State Time Frame]. *OR* The audio/video recording will be kept as part of the study records *(example: indefinitely until no longer useful, for five years, etc.)* [State Time Frame].Your child’s identity will not be revealed to anyone but the research team.

*Include the following text if using an online survey or data collection tool. Delete if not:*

The research team works to ensure confidentiality to the degree permitted by technology. It is possible, although unlikely, that unauthorized individuals could gain access to your child’s responses because they are responding online. However, their participation in this online survey involves risks similar to a person’s everyday use of the internet. If you have concerns, you should consult the survey provider privacy policy at [insert link to online privacy policy].

**Contacts and Questions**

The Institutional Review Board (IRB) for the protection of human research participants at Oklahoma State University has reviewed and approved this study. If you have questions about the research study itself, please contact the Principal Investigator at [Phone number], [E-mail address]. If you have questions about your child’s rights as a research volunteer or would simply like to speak with someone other than the research team about concerns regarding this study, please contact the IRB at (405) 744-3377 or [irb@okstate.edu](mailto:irb@okstate.edu). All reports or correspondence will be kept confidential.

**Statement of Consent**

I have read the above information. The study has been explained to me and my questions answered to my satisfaction. I understand that my child’s right to withdraw from participating or refuse to participate will be respected and that his/her responses and identity will be kept confidential. I give this consent voluntarily.

*Include the following if applicable. Add statements as needed.*

Indicate Yes or No:

I give consent for my child to be audiotaped during this study.

\_\_\_Yes \_\_\_No

I give consent for my child to be videotaped during this study:

\_\_\_Yes \_\_\_No

I give consent for my child’s data to be used in future research studies:

\_\_\_Yes \_\_\_No

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent and/or Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Parent and/or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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