

INFORMED CONSENT FORM
AUTHORIZATION FOR A MINOR TO SERVE
AS A SUBJECT IN A RESEARCH STUDY

Dear Parents,

Your child is being asked to participate in a research study that will be conducted at **[name of school]**. The principal of the school has approved this study. The researcher is **[name of researcher and phone number]**, a student/instructor at The State University of West Georgia. **[His/Her]** supervising professor is **[name of professor and phone number]**.

The purpose of the study is to **[BRIEFLY describe purpose here]**. The study will take place at **[name location]** and will last for **[give time frame]**. **[BRIEFLY describe the procedures you will follow]**.

Benefits of participating in this study include **[describe the benefits]**. Only **[name(s)]** will have access to the data collected in this study. Your child's participation in this project is strictly confidential. Only the researcher and supervising professor will have access to your child's identity and to information that can be associated to your child's identity. **[If applicable, state when data or documentation will be destroyed]**.

Your child's participation is voluntary. You may withdraw your child from this study at any time by notifying the researcher and supervising professor.

Please check the appropriate box below and sign the form:

- I give permission for my child to participate in this project. I understand that I will receive a signed copy of this consent form. I have read this form and understand it.
- I do not give permission for my child to participate in this project.

Student's name

Signature of parent or guardian

Date

RETURN THIS FORM TO THE SCHOOL

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KEEP THIS FORM FOR YOUR RECORDS