

**INFORMED CONSENT FORM**

Parent Permission

INSTRUCTIONS: [DELETE THIS SECTION BEFORE SUBMITTING FOR IRB REVIEW]

1. Statements in red are required and, if applicable, must be included in your Informed Consent Document. Instructions are in [brackets] and should be deleted.
2. Change font color of required statements to black.
3. Delete any sections that are not applicable to your research.
4. The Consent Form must be written in 2nd person (e.g., *you* are being invited to participate, *you* will be asked…)
5. The Consent Form should be written in lay language, easily understood, approximately on an 8th grade level, similar to newspapers or magazines, not scholarly journals.
6. The page numbering inserted must be maintained
7. Your IRB number and expiration date will be provided by the IRB Administrator in your letter of approval. This information must be included on Informed Consent Forms. A copy of the Informed Consent Document, including the IRB number and expiration date must be sent to the IRB office within 10 days of receiving IRB approval.
8. A copy of the Informed Consent Form **must** be provided to the participant.

**Study Title**:

**Principal Investigator**:

Department:

Contact Information: (phone number and email address)

Supervising UWG Faculty (if PI is a UWG student):

Department:

Contact Information:

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| **SUMMARY** [provide the participant the information a reasonable person would want to know in order to decide to take part in a research study.] |
| * Your child is being asked to take part in a research study and your permission and their participation is voluntary. * The research is about [describe your research topic-briefly]. * If you agree for your child to be in the study, they will be asked to [list procedures, what participants are being asked to do, duration, and location-briefly]. * [Include if applicable] The risks or discomforts may include [list]. * [Include if applicable] The benefits to your child are [list direct benefits to participants]. * A copy of this form will be given to you for your records   Please read this entire form and ask questions before deciding if you want to grant permission for your child to take part in this research study. Your child’s participation is voluntary, they will be given a chance to provide their agreement to participate. You or your child can tell the researcher that you want to end participation at any time. Your child may choose not to [e.g., answer survey question(s), continue with the interview, be audio recorded, etc.] |

**PURPOSE OF THE STUDY**

[Describe the general purpose of the study and include relevant background information and what question(s) you hope to answer. Be brief.]

**PROCEDURES**

Your child is being invited to take part in a research study because [state inclusion criteria]. [If applicable, state any exclusion criteria] If you agree to grant permission for your child to take part, if they agree, they will be one of [number] of participants in the study.

Your child will be asked to [describe, step-by-step what the participant will be asked to do or what data about the participant you are seeking permission to use]. [Describe where the research will be conducted, expected duration of each procedure including any follow-up, and total time commitment for the participant.]

[If Applicable] Audio/video recording-

[If you are audio or video taping this must be clearly stated and include who will transcribe and have access to recordings. The consent form must have a place for parents to opt out of having their child recorded. If the study requires recording, it must be clearly stated the child cannot participate if they do not wish to be recorded.]

**RISKS & BENEFITS**

[Describe known risks, including physical, psychological, and social risks/discomforts, or state there are no known risks.]

[Describe potential benefits or state there are no expected direct benefits from participating.]

**CONFIDENTIALITY**

We will take every precaution to protect your child’s data. [Describe how the research team will maintain confidentiality of the data or if the data will be anonymous. Include information such as replacing names with codes/numbers, storing consent and data separately, data stored in locked cabinets or password protected computers. Describe when the data will be destroyed or if the data will be maintained indefinitely. Describe who will have access to the data and if they will be available to anyone outside of the research team (e.g., a transcriptionist).] [Describe how the research results will be presented; aggregate, without identifying information, etc.]

[If applicable] Confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the internet by any third parties. [This statement must be included if you are using any online survey provider other than Qualtrics, if you are conducting interviews online, or if you are sharing data files with identifiable information electronically.]

[If applicable] FOCUS GROUPS-

Although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers will remind participants at the start of the focus group to respect the privacy of the other participants and not repeat what is said in the focus group to others. Participants will be reminded they do have share anything in the focus group, they are not comfortable sharing.

[If applicable] There are some situations where we will have to release your child’s information. If we learn that your child intends to harm themselves or others, we must report that to the authorities. There are also times where studies are reviewed by the University of West Georgia to make sure that they are being conducted safely. In the event that this occurs, the reviewers will be responsible for protecting your information.

**COMPENSATION**

[Describe any compensation for taking part in the study. Gift cards, extra credit, etc. **OR** state Your child will not receive anything for taking part in this study.]

[If applicable] **ALTERNATIVES**

[Describe alternatives to taking part in the study. If you are offering extra credit, a task comparable in time and energy must be included as an alternate to being in the study.]

**WITHDRAWL**

Your child’s participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which you and your child are otherwise entitled, and you may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.

[Explain any conditions after which a parent or participant cannot with draw their data; such as an anonymous survey where participants can only withdraw prior to submitting the survey, or if the identifying code will be destroyed after analysis.]

**RIGHTS AS A RESEARCH PARTICIPANT**

If you have any questions about your child’s rights as a research participant, you can contact the UWG Office of Research and Sponsored Projects (ORSP) at 678/839-4749 or by email at [irb@westga.edu](mailto:irb@westga.edu). If you feel that you have been harmed by your child’s participation in this study, please contact the researchers listed above or the ORSP office.

**FUTURE RESEARCH**

[If you are collecting identifiable private information or identifiable biospecimens you must include one of the following statements] [Delete the statement that does not apply.]

All identifiable information will be removed from the data collected and may be used for future research studies or distributed to another investigator for future research studies. Once identifying information has been removed, we will no longer be able to identify your child’s data to obtain additional informed consent from you or remove your child’s information from the data set.

**Or**

The data you provide will not be used or distributed for future research studies, even if identifying information is removed.

**STATEMENT OF CONSENT**

I have had the opportunity to read and consider the information in this form. I have asked any questions necessary to make a decision about my child’s participation. I understand that I can ask additional questions throughout my child’s participation.

I understand that by signing below, I grant permission for my child to participate in this research, if my child agrees to participate. I understand that I am not waiving any legal rights. I have been provided with a copy of this consent form for my records.

I grant permission for my child to participate in this study.

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Name of Parent Signature of Parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Child

Researcher Signature

I have explained the research to the parent and answered all of their questions. I believe that the parent understands the information described in this consent form and freely grants permission for their child to participate.

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Name of Research Team Member Signature of Research Team Member Date

[If applicable]

Parent: Please initial

\_\_\_\_ I agree to allow my child to be audio/video recorded or photographed

\_\_\_\_ I do not agree to allow my child to be audio/video recorded or photographed, but will allow them to participate in the study.