

## Parental Consent Form for Participation in the Research Study

Salem State University

*[Insert title here]*

Date:

Principal Investigator:

Student investigator(s):

Telephone:

Email:

ADDRESS LINE 1

ADDRESS LINE 2

ADDRESS LINE 3

**Note: This is a sample form and should be altered to accurately reflect the individual study being conducted.**

INTRODUCTION: We are conducting a research study to (insert simple description here).

PARTICIPATION: We are asking parents to support our research by giving consent for their child to take part in the study. Children will also have the opportunity to give assent to participation. Research is voluntary; only those who want to participate will be included in the study. The assent form below provides details of the study. We encourage you to discuss your decision with your child.

The children who participate will be (insert simple description of procedures here)

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Participation (insert description of parents' participation, if any. If none, delete this section)

RISKS: Please choose from the following statements:

There are no foreseeable risks involved in participating in this study other than those minimal risks encountered in day-to-day life OR

There is the minimal risk that you may find some of the questions to be sensitive in nature AND/OR

There is the minimal risk that some questions may cause emotional discomfort AND/OR

Some of the research questions ask about (insert information here) and may be distressing to you or your child as you/they think about your/their experiences AND

In order to mitigate (this/these risk/s), the research team will (insert mitigation plan here).

BENEFITS: The benefits of you or your child's participation in this study are (insert information here). The benefits of this study in general are (insert information here).

For concerns about your treatment as a research participant, please contact:

**Institutional Review Board (IRB)**

Salem State University

352 Lafayette Street

Salem, MA 01970

(978) 542-7177 or [irb@salemstate.edu](mailto:irb@salemstate.edu)

This research project has been reviewed by the Institutional Review Board at Salem State University in accordance with US Department of Health and Human Services Office of Human Research Protections 45 CFR part 46 and does not constitute approval by the host institution.

## Parental Consent Form for Participation in the Research Study

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**CHOOSING TO WITHDRAW FROM THE STUDY:** Your consent and your child's participation in this study are completely voluntary. Your child can withdraw from the study for any reason at any time without consequences of any kind, and you can withdraw your consent at any time without consequences of any kind. If you do choose to withdraw at any time, your data will be used by researchers. Please contact the principal investigator should you wish for your data not to be used.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

**ANONYMITY/CONFIDENTIALITY:** [Choose one of the following paragraphs, EITHER anonymous or confidential]

**Anonymity:** Data obtained during this study will not be able to be linked to your identity.

**Confidentiality:** Any personal data obtained during this study will remain confidential as to your identity. If personal information can be specifically identified with you, your permission will be sought in writing before it will be published. Other data, which cannot be connected to you, will be published or presented at meetings with the aim of benefiting others. The information provided to the researchers will be kept confidential with the exception of information which must be reported under Massachusetts and Federal law including cases of child or elder abuse.

Initials: \_\_\_\_\_ Date: \_\_\_\_\_

If you have questions or want a summary of the study results, please feel free to contact the researchers at the email addresses or phone numbers posted below. You will be given a copy of this form to keep for your records. If you have any questions about whether your child has been treated in an illegal or unethical way, contact the IRB at Salem State University IRB at 978-542-7177 or by email [irb@salemstate.edu](mailto:irb@salemstate.edu).

Initial if in agreement

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**Salem State University**  
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Date:

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1. I confirm that I have read and understood the attached information sheet for the above study. I confirm that I have had the opportunity to consider the information and ask questions and that these have been answered satisfactorily.	
2. I understand that my child's participation is voluntary and that I am free to withdraw my child at any time without negative consequences without giving any reason	
3. I agree to allow my child to take part in this study. My child my still refuse to participate.	
4. I understand that as a result of taking part in this study my child will experience <i>(insert a brief summary of benefits and risks associated with taking part in the study).</i>	
5. I understand that the results of this study may be published and/or presented at meetings and may be provided to research sponsors or regulatory authorities. I give my permission for my child's <i>(Choose one: anonymous/confidential)</i> data, which does not identify them, to be disseminated in this way. The information will be kept confidential with the exception of information which must be reported under Massachusetts and Federal law such as cases of child or elder abuse.	

Additional optional consent (child can participate without consenting to photographs or video)

6. I consent for photographs of my child to be taken during the experiment for use in scientific presentations and publications (with identity obscured).	
7. I consent for video/audio recordings of my child to be taken during the experiment for use by the study team only (image will not be shown to others / and will be destroyed after the data has been analyzed).	

<b>Child Name:</b>		
<b>Parent/Guardian Name:</b>		
<b>Parent/Guardian Signature:</b>		<b>Date:</b>
<b>Investigator's Name:</b>		

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Student investigator(s):

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Email:

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ADDRESS LINE 2

ADDRESS LINE 3

<b>Investigator's Signature:</b>		<b>Date:</b>
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Thank you for considering your child as a participant in this study.

(Insert principal investigator/s name, title and contact information here)

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