D .	
Date:	
Principal Investigator:	
Student investigator(s):	ADDRESS LINE 1
Telephone:	ADDRESS LINE 2
Email:	ADDRESS LINE 3
Note: This is a sample form and should conducted.	be <u>altered</u> to accurately reflect the individual study being
INTRODUCTION: We are conducting	g a research study to (insert simple description here).
child to take part in the study. Childright participation. Research is voluntary	ents to support our research by giving consent for their ren will also have the opportunity to give assent to r; only those who want to participate will be included in rovides details of the study. We encourage you to d.
Initials: Date:	e (insert simple description of procedures here) ert description of parents' participation, if any. If none,
RISKS: Please choose from the follow There are no foreseeable risks invol- minimal risks encountered in day-to	ved in participating in this study other than those
There is the minimal risk that you m AND/OR	ay find some of the questions to be sensitive in nature
There is the minimal risk that some	questions may cause emotional discomfort AND/OR
•	about (insert information here) and may be distressing nk about your/their experiences AND
In order to mitigate (this/these risk,	/s), the research team will (insert mitigation plan

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).

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 <u>irb@salemstate.edu</u>

	[msert title nere]
Date: Principal Investigator: Student investigator(s): Telephone: Email:	ADDRESS LINE 1 ADDRESS LINE 2 ADDRESS LINE 3
in this study are completely voluntane reason at any time without conseque at any time without consequences of	HE STUDY: Your consent and your child's participation ry. Your child can withdraw from the study for any ences of any kind, and you can withdraw your consent f any kind. If you do choose to withdraw at any time, rs. Please contact the principal investigator should you
ANONYMITY/CONFIDENTIALITY: [Canonymous or confidential]	Choose one of the following paragraphs, EITHER
Anonymity: Data obtained during th	is study will not be able to be linked to your identity.
your identity. If personal information permission will be sought in writing be connected to you, will be publishe others. The information provided to	btained during this study will remain confidential as to n can be specifically identified with you, your before it will be published. Other data, which cannot ed or presented at meetings with the aim of benefiting the researchers will be kept confidential with the t be reported under Massachusetts and Federal law se.
Initials: Date:	
researchers at the email addresses o copy of this form to keep for your re	mary of the study results, please feel free to contact the or phone numbers posted below. You will be given a cords. If you have any questions about whether your runethical way, contact the IRB at Salem State by email irb@salemstate.edu.
	Initial if in agreement

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 <u>irb@salemstate.edu</u>

	[mscrt and nere]
Date:	
Principal Investigator:	
Student investigator(s):	ADDRESS LINE 1
Telephone:	ADDRESS LINE 2
Email:	ADDRESS LINE 3
Ziitaii.	TIDDICEOU EIT (E 3
1. I confirm that I have read a	and understood the attached information sheet for the
	I have had the opportunity to consider the
	ons and that these have been answered satisfactorily.
	s participation is voluntary and that I am free to
	ime without negative consequences without giving
· · · · · · · · · · · · · · · · · · ·	mic without negative consequences without giving
any reason 3. I agree to allow my child to	o take part in this study. My child my still refuse to
participate.	take part in this study. My child my still refuse to
	t of taking part in this study my child will experience
	benefits and risks associated with taking part in the
study).	senejus ana risks associatea with taking part in the
	s of this study may be published and/or presented at
	ded to research sponsors or regulatory authorities. I
• •	child's (Choose one: anonymous/confidential) data,
	em, to be disseminated in this way. The information
-	ith the exception of information which must be
	etts and Federal law such as cases of child or elder
abuse.	tis and redetal law such as cases of child of elder
aousc.	
Additional antional agreemt (abil	d con monticipate without consenting to photographs on video
Additional optional consent (cinic	d can participate without consenting to photographs or video)
6 Lagrant for photographs	of my shild to be taken during the experiment for use
	of my child to be taken during the experiment for use
	and publications (with identity obscured).
	ecordings of my child to be taken during the
	study team only (image will not be shown to others /
and will be destroyed after	the data has been analyzed).
Child Name:	
Parent/Guardian Name:	
Parent/Guardian	
Signature:	Date:
Investigator's Name:	

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 <u>irb@salemstate.edu</u>

Principal Investigator:

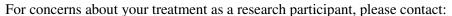
Student investigator(s):

Telephone:
ADDRESS LINE 1
ADDRESS LINE 2
Email:
ADDRESS LINE 3

Investigator's Signature:		Date:
---------------------------	--	-------

Thank you for considering your child as a participant in this study.

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



Institutional Review Board (IRB)

Salem State University 352 Lafayette Street Salem, MA 01970

(978) 542-7177 or irb@salemstate.edu