**EASTERN WASHINGTON UNIVERSITY**

**PARENTAL PERMISSION CONSENT FORM**

**(got it from** [**https://irb.ucsf.edu/consent-and-assent-form-templates#consent-templates**](https://irb.ucsf.edu/consent-and-assent-form-templates#consent-templates)

**Use this template when the parent gives permission and the child gives separate assent, or the child is not capable of giving assent. For older children (ages ~12+) who are giving assent, use this form along with the Child Assent Form.**

**PLEASE NOTE:** Statements *in red, brackets* are instructions or examples, and should not be included in the actual consent form. Customize the language as needed to fit your study. Remove all directions and red lettering before submitting the consent form with IRB application.

**Study title:** [insert title here]

**Researchers:** [insert names, titles, and department]

We’re inviting your child to participate in a research study. Participation is completely voluntary. If you agree to let your child participate now, you can always change your mind later. There are no negative consequences, whatever you decide.

**What is the purpose of this study?**

**Example:** We want to understand how young children learn to pronounce certain sounds. **– or –** We want to study whether giving children information about healthy eating helps them make better choices in the lunchroom.

**What will my child do?**

[Describe all study procedures in simple language and include the amount of time each activity will take.]

**Example:** Your child will be in a focus group with about 5 other children, ages 10-13. A focus group is a discussion with a group of people about a certain topic. They will discuss and share their experiences helping care for an adult with a disability, and ways that doctors and others could provide them more support.

**– or –**

* In our lab:
  + We’ll ask your child questions about their health and exercise habits. (10 minutes)
  + We’ll measure height and weight. (5 minutes)
  + We’ll teach your child some exercises, and they’ll rate how easy and fun the exercises are. (30 minutes)
* At home afterward:
  + We’ll ask your child to do each exercise for 5 minutes per day.
  + Your child will keep a daily diary for 2 weeks to keep track of how often they do these exercises, and give feedback about the exercises.
  + At the end of 2 weeks, you’ll mail the diary back to us in the envelope we provide.

**Risks**

[If risks are minimal, you can put following sentence: “The risks of participating in this study are minimal risk, same as those found in daily living.”] Your child does not have to partake in any part of the research project they do not feel comfortable doing; they do not have to answer any questions they do not feel comfortable answering. If you child is participating in a group, a possible risk is others in the group sharing your child’s responses. We ask all participants to keep everything said during the focus group confidential. However, we can’t control what others say, so we also remind everyone not to share anything they don’t want others to know.

**[Use if more than minimal risk. Edit as applicable to the specific potential risks in your research] What if my child is harmed from being in this study?**

If your child is harmed from being in this study, let us know. If it’s an emergency, get help from 911 or your child’s doctor right away and tell us afterward. We can help you find resources if your child needs psychological help. You or your insurance will have to pay for all costs of any treatment.

**Benefits**

If participants WILL directly benefit from participating, put following sentence: “By participating in this study, you child will directly benefit by [put in how child or family will benefit].” If participants WILL NOT directly benefit from participating, put following sentence: “Your child may not directly benefit from participating in the study. However, their participation will allow us to find out more about [put in your topic here].”

**Procedure**

**How long will it take:** (Put in short description of length of time. If there is a pre-test and post-test please address how long each test will take.) Here is an example: It will take your child about 2 hours to complete a pre-test survey and go through the teeth brushing lesson. You and your child will return to the clinic in two weeks and complete a plaque exam which will take about 20 minutes.]

**Costs:** Explain here if there are any costs, including paying for parking. If not, delete this section.

**Compensation:** Example: None – OR—upon completion you will receive a $10 Amazon gift card

**Data Security**

**Recordings and photographs:** If doing either recording or photographs please use this language, delete this section if not using recordings or photographs. During the research we will record or photograph your child, which is necessary to collect the data for this research. I give permission for the researchers to use audio and visual devices (such as Zoom or phone) to record my child’s conversations during their participation.”

**Storage:** The data collected will be stored in a secure manner [state how data will be stored]. My findings from the study will be included (describe what you will do with the findings, such as a paper, thesis write up, conference presentation.) All raw data will be destroyed [put the number of years, or when you will destroy the data] after the conclusion of the study.

**How is data kept secure?** [Use whichever of the following bullet points apply to your study. Add any other measures you’ll use to protect data security.]

* Data is anonymous. **– or –** All identifying information is removed and replaced with a study ID.
* We’ll remove all identifiers after [insert amount of time or specific event].
* We’ll store all electronic data on a password-protected, encrypted computer.
* We’ll store all paper data in a locked filing cabinet in a locked office.
* We’ll keep your identifying information separate from your research data, but we’ll be able to link it to you by using a study ID. We will destroy this link after we finish collecting and analyzing the data.

As with any data collected online, there is always a risk of data being hacked or intercepted. We’re using a secure system to collect this data [elaborate if desired], but we can’t completely eliminate this risk.

**Who will see my child’s data?** The researchers and research aides (graduate students) will be the only people who will see and analyze your child’s responses /research data.

**Mandated Reporting:**

We are mandated reporters. This means that if we learn or suspect that a child is being abused or neglected, we’re required to report this to the authorities.

**Contact information:**

For questions about the research please contact[insert Researcher name(s)] at [insert phone and email here].

If you have questions or concerns about your rights as a participant in this study or any complaints you wish to make, please contact the Office of Grant and Research Development, at 509-359-6567 or [ogrd@ewu.edu](mailto:ogrd@ewu.edu).

**Signatures**

If you have had all your questions answered and give permission for your child to participate in this study, sign on the lines below. Remember, your child’s participation is completely voluntary, and you’re free to remove them from the study at any time.

Name of Child (print)

Name of Parent or Guardian (print)

Signature of Parent or Guardian Date

Name of Researcher obtaining consent (print)

Signature of Researcher obtaining consent Date