**PARENTAL CONSENT FORM**

**[Insert Title of Study]**

**Introduction**

The purpose of this form is to provide you (as the parent of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. This form will also be used to record your consent if you decide to let your child be involved in this study.

If you agree, your child will be asked to participate in a research study [insert general statement about study]. The purpose of this study is [explain research questions and purpose in lay language]. He/she was selected to be a possible participant because [explain how child was identified]. *Note that the updated Common Rule requires the consent form to include “a concise and focused presentation of key information that is most likely to assist a prospective participant or legally authorized representative to understand the reasons why someone might or might not want to participate in the research. This part of the informed consent must be organized and presented in a way that facilitates comprehension”. Some of that specific information can be included in the 3 sections below this one.*  This study is being sponsored/funded by [name sponsor/funding source]. \**If research is not sponsored/funded, do not include this sentence.*

**What will my child be asked to do?**

If you allow your child to participate in this study, he/she will be asked to [explain tasks and procedures (include details about completing surveys, interviews, tests, and/or focus groups as applicable).]. This study will take [insert length of time for participation, frequency of procedures, etc.]*(If the study involves several different procedures, include the time involved for each (e.g., The study will last a total of 12 weeks. During week one, your child will be asked to eat a diet of soy 3 times daily. On Friday of the first week, your child will be asked to take a physical. This will take about 2 hours and will consist of the following tests…”)*. Your child will [may] be audio [/video] recorded. *\*If participants will not be audio/video recorded, do not include this sentence.*

**What are the risks involved in this study?**

The risks associated with this study are [explain risk, including the likelihood of the risk occurring].

*\*If risks are minimal, you may state****:*** The risks associated in this study are minimal, and are not greater than risks your child ordinarily encounters in daily life.

**What are the possible benefits of this study?**

The possible benefits of participation are [Insert benefits that may be reasonably expected. Monetary compensation should not be categorized as a benefit.].

*\*If there are no direct benefits to the research participant, you may state:*Your child will receive no direct benefit from participating in this study; however, [explain benefits to society].

**Does my child have to participate?**

No, your child doesn’t have to be in this research study. You can agree to allow your child to be in the study now and change your mind later without any penalty.

*\*If research is part of a classroom activity, state:*  This research study will take place during regular classroom activities. An alternate activity will be available if you do not want your child to participate. [Describe alternate activity].

*\*If participants will receive class points or credit,* [Include information about points.]. [Explain alternative task if participant does not want to participate but wants to obtain class points.]

**What if my child does not want to participate?**

In addition to your permission, your child must agree to participate in the study. If your child does not want to participate he/she will not be included in the study without penalty. If your child initially agrees to be in the study he/she can withdraw at any point during the study without penalty.

**Will there be any compensation?**

You [your child] will receive [insert payment, reimbursement, or participation credit]. [Explain disbursement/conditions of payment]. [Include circumstances, if any, where partial payment or no payment may occur] *\*If there is no compensation, do not include this section.*

**Who will know about my child’s participation in this research study?**

This study is [anonymous OR confidential, *\*cannot be both*,] and [describe how confidentiality or anonymity will be maintained]. *\*Possible text:*  No identifiers linking you or your child to this study will be included in any sort of report that might be published. Research records will be stored securely and only [insert names of individuals who will have access to this data] will have access to the records.

If you choose to allow your child to participate in this study, he/she will be [may choose to be] audio [/video] recorded. Any audio [/video] recordings will be stored securely and only [insert names of individuals who will have access to recordings] will have access to the recordings. Any recordings will be kept for [insert length of time] and then erased. *\*If no audio/video recordings will be made, do not include this section.*

**Is there anything else I should consider?**

[Use this section to disclose any other information that may affect the participant’s decision to participate in this research. Possible information may include: conditions in which the participant may be withdrawn from this study, costs to participant, financial interests of PI, or any other disclosure.]  *\*If there is no additional information, remove this section.*

**Whom do I contact with questions about the research?**

If you have questions regarding this study, you may contact [list PI name, phone number, email address] or [list alternate contact, phone number, email address].

**Whom do I contact about my child’s rights as a research participant?**

This research study has been reviewed by the Institutional Review Board at Texas A&M University-Central Texas. For research-related problems or questions regarding your rights as a research participant, you can contact Walter Murphy, Research Compliance Officer, at (254) 519-5761 or [murphyw@tamuct.edu](mailto:murphyw@tamuct.edu).

**Signature**

Please be sure you have read the above information, asked questions and received answers to your satisfaction. You will be given a copy of the consent form for your records. By signing this document, you consent to allow your child to participate in this study.

*\*Include the following only if recording is optional:*

\_\_\_\_\_\_ My child MAY be audio [/video] recorded.

\_\_\_\_\_\_ My child MAY NOT be audio [/video] recorded.

**Signature of Parent/Guardian:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Printed Name:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Child**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\**Include the following only if someone other than PI or co-PI is obtaining consent:*

**Signature of Person Obtaining Permission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:** \_\_\_\_\_\_\_\_\_\_

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**