**California State University, Fullerton**

*(Insert name of department/college here)*

**Research Study Parent Consent Form**

**Study Title:** [*Title as listed on IRB application*]

**Protocol Number:** *HSR-XX-XX-XXXX* [*Please indicate in the footer as well]*

**Researchers:** *List names, academic/staff positions, divisions/departments, telephone numbers of ALL investigators and co-investigators*

**Sponsor:** *[Delete if not applicable]*

You are being asked to allow your child to take part in a research study carried out by *(name of PI and co-PIs)*. Please read this form carefully, taking as much time as you need. Ask the researcher to explain anything you don’t understand.

You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason. Your child will also be asked if they would like to take part in this study. Even if you give your permission, your child can decide not to be in the study or to leave the study at any time.

**What is this research study about?**

This research study is being done to *(Briefly describe the primary purpose of the study. Avoid the use of jargon).*

We are asking your permission for your child to be in the study because *[include a reason why you are asking for the child’s participation (e.g.,…he or she is involved in youth soccer…goes to middle school, …has been diagnosed with a speech disorder)].*

Taking part in the study will take about [\_\_\_ *(minutes, hours, weeks, months, or years)]*.

Your child cannot take part in this study if (*list exclusion criteria (e.g., he or she is less than 8 years old, … can’t read at a 4th grade level, etc).*

***NOTE:*** *Effective January 21, 2019, the informed consent must specifically give prospective participants the information that a reasonable person would want to have in order to make an informed decision about whether to participate. Using this standard, informed consent remains focused on what information a reasonable person would want to have to make an informed choice about participation. The information needs to be presented in sufficient detail and organized and presented in a way that facilitates an understanding of why one might, or might not, want to participate in the proposed research.]*

**What will my child be asked to do if he or she is in this research study?**

If your child takes part in the study, your child will be asked to *(Provide a complete description of procedures, including :)*

* *Each specific step involved and the chronological order in which they will occur*
* *The estimated amount of time each will take, and the total time involved*
* *If applicable:*
	+ *A description of questionnaires, surveys, and interviews and include examples of the most personal or sensitive information you will be seeking*
	+ *A statement that the child may refuse to answer any question in any test, questionnaire, or interview*
* *A description of the use of medical, academic or other records*
* *A statement that you will be using voice, video, digital or image recordings. (If this is a requirement of anyone who takes part in the study, state that in the exclusion criteria in the previous section.*
* *In studies involving access to medical records or protected health information include HIPAA Authorization Form and an Appendix A for use or creation of personal health information (PHI) in research.*
* *An explanation of any results that will be given to the child, parent, or any other person or institutions.*

**What are the benefits for my child participating in this research study?**

The potential benefits to your child for taking part in this study are…*Describe only those that are likely for research participants.*

*Do not overstate potential benefits. If there are none, state:* There is no direct benefit to your child from being in this study.

*Describe generalizable or societal benefits in a sentence such as: If your child takes part in this study, it may help others in the future.*

**Note:** *Do not include financial compensation or other forms of incentive as benefits of being in the project. This information belongs in the section on costs or payments.*

**What are the risks to my child due to participating in this research study?**

The potential risks to your child from taking part in this study are…. *In addition to physical risks/discomforts or stress, describe any other risks, such as:*

* *psychological, social, or loss of confidentiality*
* *risks associated with sensitive questions, for example, distress or discomfort*
* *Describe the probability of each risk in terms of “likely,” “possible,” or “unlikely.”*

 *Describe the precautions that are being taken to minimize risks and steps that will be taken if risks occur*

*If applicable, discuss the availability of referrals, counseling, or other support services, such as crisis counseling*

***Note:*** *Do not state that there are no risks or that risks “should be minimal.”*

**Will information about my child be kept anonymous or confidential?**

*(Use only if applicable*) The data for this study are being collected anonymously. Neither the researcher(s) nor anyone else will be able to link data to you.

 [*o*r]

The data for this study will be kept private and confidential to the extent allowed by law.

* *If data are coded and an identification key is maintained separately, inform participants of the process.*
* *Explain how you will maintain the participant’s privacy throughout the study (e.g. private conversations, interaction with other participants)*
* *If applicable, discuss required reporting. Include CSUF Mandated Reporter Statement when appropriate. (All California State University employees who are identified as Limited and General Reporters are mandated to report under California¹s Child Abuse and Neglect Reporting Act ("CANRA"). Whenever such an identified CSU employee, in his/her professional capacity or within the scope of his/her employment or research activities, has knowledge of or observes a person under the age of 18 years whom the employee knows, or reasonably suspects, to have been the victim of child abuse or neglect, the employee must report the incident to the appropriate authorities).*
* *Describe where data will be stored and how it will be protected (but do not be specific (for example, in a locked file cabinet or a password protected computer).*
* *Describe who will have access to the data, including:*

*All researchers and research staff*

*(Inform parent if voice, video, digital or image recordings will be made of their child, and indicated if this is required to be in the study. If recordings are optional, a separate check box must be included with the signature at the end of the form. See example provided.*)

(*Explain to the parent whether or not information obtained about their child will be shared with them, or any other individual.*)

The results of this study may be published or presented at professional meetings, but your child’s name will not be used or associated with the findings. The data for this study will be kept for \_\_\_ years *(a minimum of 3 years after the completion of the study is required by CSUF)*. Individuals may keep the data indefinitely. However, clarify how the data will be used (i.e., future educational use, presentations, publications, etc.) and why it must kept.

*NOTE: Effective January 21, 2019, the informed consent needs to include a notice about whether participants' information or biospecimens collected as part of the current research might be stripped of identifiers and used for other research in the future. The purpose of this is to increase transparency by letting participants know that it might happen.*

**Are there any costs or payments for your child participating in this research study?**

(*If applicable*)There will be no costs to you or your child for taking part in this study.

(*If applicable*) Your child will receive \_\_\_\_\_ for taking part in this study. If you decide to withdraw your permission or if your child decides to leave the study, your child will receive \_\_\_\_\_. (*Explain the method or schedule for each payment*)

(*If applicable*) If your child receives payment for taking part in this study, you may be asked to provide your home address.

 *[or]*

You will not receive money or any other form of compensation for taking part in this study.

**What are my child’s rights as a research study volunteer?**

Your child’s participation in this study is completely voluntary. Your child may choose not to take part in this study, choose not to answer specific questions, or leave the study at any time. There will be no penalty or loss of benefits to which you or your child are entitled if you choose not to give your permission for your child to take part or your child withdraws from the study.

**Whom can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact the researcher (*name and complete contact information: e-mail address and phone number)*. *For studies involving more than minimal risk, include a 24-hour emergency telephone number with name or position (when relevant)* If you have questions about your rights or your child’s rights as a research participant, please contact the Institutional Review Board at (657) 278-7719, or e-mail irb@fullerton.edu

**What does my signature on this consent form mean?**

Your signature on this form means that:

* You understand the information given to you in this form
* You have been able to ask the researcher questions and state any concerns
* The researcher has responded to your questions and concerns
* You believe you understand the research study and the potential benefits and risks that are involved for your child.
* You understand that even if you give your permission, you child may choose not to take part in the study.

**Statement of Consent**

By signing below, I give consent for my child to participate in the above-referenced study.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

If you are requesting permission to audio or videotape; create a second signature line for that. A child could conceivably be willing to participate, but not to be included in an audio or videotape.

***Your signature below indicates that you are giving permission to audio/video tape your child’s responses.*** *[Delete if not applicable]*

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_