**Parental Informed Consent Form template
Lawrence University**

***Title of Project***

*List title of project*

***Introduction***

Your child has been invited to join a research project to look at *(topic of research)*. Please take whatever time you need to discuss the project with your family and friends, or anyone else you wish to. The decision to let you child join, or not to join, is up to you.

In this research project, we are investigating/testing/comparing/evaluating *(explain purpose or objectives of research. The information here should be a clear and short description of the “bottom line” of the project. Briefly provide some background information about why the research is being done, which can include information about what is already known and what you hope you learn.)*

***What is Involved in the Project?***
Your child will be asked to *(describe* ***exactly*** *what participants can expect. Explain what will happen during the project and include* ***everything*** *that participants will be asked to do. Describe all surveys and data collection instruments that will be used)*. We think this will take him/her *(indicate how long each survey or procedure will take and state how long (e.g., minutes, hours, days, months, until a certain event or endpoint) the project will last)*.

The investigators may stop the research or take your child out of the project at any time they judge it is in your child’s best interest. (If appropriate, list any additional reasons why participants might be removed from the project.)

***Risks***This project involves the following risks: *(List the physical and non-physical risks of participating in the project. Non-physical risks may include social, psychological, or economic harm; risk of criminal or civil liability; or reputation.)*

***Benefits to Taking Part in the Project***
It is reasonable to expect the following benefits from this research: *(list all the benefits that might reasonably be expected from participating in the project. First describe benefits to participants, then describe benefits to others. If there are no benefits from participating in the research, state that fact)*. However, we can’t guarantee that your child will personally experience benefits from participating in this project. Others may benefit in the future from the information we find in this research.

***Confidentiality***
Your child’s name will not be used when data from this research are published.  Every effort will be made to keep clinical records, research records, and other personal information confidential.

We will take the following steps to keep information confidential, and to protect it from unauthorized disclosure, tampering, or damage: *(list all individuals and agencies who will have access to the data and records, and how data will be described if published or shared with others. Explain how you will protect the participant’s information. Give details as appropriate: for example, are data files kept in locked cabinets, on a computer, is data password-protected, etc.)*.

***Incentives***
Indicate if participants will receive any incentives.

***Your Rights as a Research Participant***
Participation in this project is voluntary. Your child has the right not to participate at all or to leave the project at any time. Deciding not to participate or choosing to leave the project will not result in any penalty or loss of benefits to which your child is entitled. If your child decides to leave the project, the procedure is: *(d*escribe procedures for withdrawing).

***Questions, Suggestions, Concerns, or Complaints***Before I give permission for my child to participate, I can ask any questions about the project that I have now.

* If I have any questions, suggestions, concerns, or complaints about this project, I can call (*principal investigator name*) at (*phone number*).
* If my child experiences any unexpected physical or psychological discomforts, any injuries, or think that something unusual or unexpected is happening, I will contact (*name*) at (*phone number*).
* If I have questions about my child’s rights as a participant, I may contact the Chair of the Lawrence University IRB, Dr. William Skinner at (920) 993-6025 or irb@lawrence.edu.

***Permission for Child to Participate in Research***

***Parent:***

As parent or legal guardian, I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(child’s name)* to become a participant in the research project described above. I understand I will receive a signed copy of this consent form.

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name of Parent or Legal Guardian

***Person Obtaining Consent:***

I have explained to the parent above the nature, purpose, risks and benefits of participating in this research project. I have answered any questions that may have been raised and I will provide the parent with a copy of this consent form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of [authorized] person obtaining informed consent Date