**IRB USE ONLY**

Study Number:

Approval Date:

Expires:

Name of Funding Agency (if applicable):

**Parental Permission for Child Participation in Research**

**Title: [insert title of study]**

**Investigator(s): [insert name(s) and explain your affiliation with Cambridge College]**

**Introduction**

The purpose of this form is to provide you information that will help you decide whether or not to let your child participate in the research study described below. Please read all of the information carefully and ask any questions you might have before deciding whether or not to give your permission for your child to take part in this study. If you decide to let your child be involved in this study, this form will be used to record your permission.

**Purpose of the Study**

If you agree, your child will be asked to participate in a research study about **[insert general statement about study]**. The purpose of this study is **[briefly explain the research questions and purpose of the study in lay language]**.

**What is my child going to be asked to do?**

If you allow your child to participate in this study, she/he will be asked to **[use bullet points to explain tasks and procedures, including details about completing surveys, interviews, tests, and/or focus groups as applicable. Your language should be very clear and concise. Avoid jargon. Include where the study will be conducted]**.

This study will take **[insert length of time for participation, frequency of procedures or any other applicable information]** and **[insert number of study participants]** other children will also be participating in this study.

**Note: If participants will be audio/video recorded include the following:**

Your child **[will or may]** be **[audio/video]** recorded.

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

**NOTE: If risks are minimal include the statement:** There are no foreseeable risks to participating in this research study.

**If risks are greater than minimal include the statement:**

This **[treatment, procedure, intervention or describe other]** may involve risks that are currently unforeseeable. Possible risks associated with this study are **[explain risk, including the likelihood of the risk occurring]**.

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

**Note: If the study has direct benefits** (**monetary compensation cannot be categorized as a benefit) include this statement:**

The possible benefits of participation in this research study are **[insert benefits that maybe reasonably expected]**.

**If the study does not have direct benefits to the research participant, include this statement:** 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’s participation in this study is completely voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusing to participate will not affect your or your child’s relationship with **[insert the name of the school or organization where the child is being recruited]** in any way. Should you agree to allow your child to participate in the study now, you can change your mind later without any penalty to you or your child.

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

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

Your child will be asked whether or not he or she wants to participate in the study. If you child does not want to participate, he or she will not be included in the study. No negative consequences of any kind will come to children who wish not to participate or who initially agree to be in the study and later change their mind.

**Will there be any compensation?**

**NOTE:**  **If the study does not provide compensation include the following:**

Neither you nor your child will receive any type of payment for participating in this study.

**If there is compensation include the following statements:**

**[You/Your child]** will receive **[insert payment, reimbursement, or participation credit]**. Payments will occur **[explain disbursement/conditions of payment]. [Include circumstances, if any, where partial payment or no payment may occur].**

**[If participants will receive class points or extra credit include information about the points or extra credit. Explain alternative options if participant does not want to participate but wants to obtain class points or extra credit].**

**How will your child’s privacy and confidentiality be protected if s/he participates in this research study?**

Your child’s privacy and the confidentiality of his/her data will be protected by **[describe how participant privacy and confidentiality of participant data will be accomplished and maintained.]** **[If the study will collect anonymous data describe how participant anonymity will be accomplished and maintained].**

**NOTE: If audio/video recordings will be made include the following statements:**

If you choose to participate in this study, your child **[will be/may choose to be] [audio and/or video]** recorded. Any **[audio and/or video]** recordings will be stored securely and only the research team will have access to the recordings. Recordings will be kept for **[insert length of time]** and then erased.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher **[INSERT NAME HERE]** at **[PHONE NUMBER]** or send an email to **[EMAIL ADDRESS]** for any questions or if you feel that your child has been harmed as a result of participating in this study.This study has been reviewed and approved by Cambridge College’s Institutional Review Board and the study number is **[STUDY NUMBER].**

**Whom to contact with questions concerning your rights as a research participant?**

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, Dr. Joseph Miglio, the Coordinator of the Institutional Review Board by phone at (617) 873-0490 or email at joseph.miglio@cambridgecollege.edu.

**Signature**

You are asked to decide whether or not you want to allow your child to participate in this study. Your signature below indicates that you have read and understood the information provided above and that you have decided to allow your child to participate in the study. If you later decide that you wish to withdraw your permission, you may discontinue his or her participation at any time. You will be given a copy of this document.

**NOTE: Include the following if recording is optional:**

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

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

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Printed Name of Child

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

Printed Name of Parent or Legal Guardian

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Signature of Parent(s) or Legal Guardian Date

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Signature of Investigator Date