*Parent Permission Form*

Note to investigators: **Informed consent is the knowing consent of an individual or their legally authorized representative and must be obtained without undue inducement, force, fraud, deceit, duress, or other forms of constraint or coercion.**

The parent permission form **should be worded in the second person (e.g., your child is being asked to participate in a research study…)** **and** **must be adjusted for the educational background, age, language, or other characteristics of the subject population**. **Avoid jargon**. For the general public, it is recommended that the form **does not exceed an 8th grade reading level. If you are using this form, you will also need to create a *child or adolescent assent* form.**

**Use the following format in research that will involve minor children**. **The items in bold italics should be included verbatim, however you do not need to put them in italics in your consent document. Delete all instructional language (in blue) prior to submitting to the IRB for approval. Use the section headings identified in the template.**

TEMPLATE

## California State University, Dominguez Hills

***Parent Permission Form***

**(Insert Title)**

## You are being asked to allow your child to participate in a research study. Before you give your permission, it is important that you read the following information and ask as many questions as necessary to be sure you understand what your child will be asked to do.

Investigators: Provide the name and academic degrees of all investigators involved in the study, the department, institution, and phone number. If you are a student, include the name of the person supervising your research.

Purpose of the Study: **Provide an explanation of what the study is designed to accomplish** using simple, everyday language. **Do not simply copy and paste from your research proposal.**  Include the number of subjects being recruited and the eligibility criteria used to identify prospective participants.

Description of the Study: **Describe the procedures that will involve the child, the location where the research will be conducted, and the expected duration of each activity.** For instance, “If you agree to allow your child to participate, they will be asked to sort several colored shapes that appear on a computer screen. This will take place during normal school hours in your child’s classroom and will take no more than fifteen minutes.” **If there will be interviews or questionnaires, indicate the types of questions or topics that will be covered**. **If there are any procedures that are experimental (a new drug or device or intervention), identify and describe it briefly**. If none of the procedures are experimental in nature, include a statement like the following: “None of the procedures [or questionnaires, if applicable] used in this study is experimental in nature. We are simply gathering information for analysis.”

Risks or Discomforts: Risks can be social or psychological as well as physical. Do not assume that there are no risks even if your research *seems* straightforward and harmless. Identify the risks or discomforts the subject might encounter as a result of participation. Outline the provisions you have made to minimize or eliminate them. (For example, “Your child may feel uncomfortable talking about their feelings or behaviors or may become frustrated when trying to complete an activity that is being measured. To minimize this discomfort, we will tell your child that they need only raise their hand to discontinue participation temporarily or withdraw from the study altogether.”)

Benefits of the Study**: Describe any benefits your child can expect as a result of participating in the study, but include the following statement:** “***I cannot guarantee that you or your child will receive any benefits from this study***.” **If there are no benefits that can reasonably be expected, say so. If there are benefits to science or society, include a statement to that effect.**

Alternative Methods of Treatment: **If the project involves medical or other interventions, identify appropriate alternative procedures or courses of treatment that might be available or advantageous to the subjects.** For socio-behavioral studies, you can state that the alternative is to not participate.

Confidentiality: **Describe the extent, if any, to which confidentiality of records identifying the subject will be maintained** (including how the data will be used and stored and who will have access to it). **If video or audio tapes are to be used to record information, describe how they will be used, who will have access, how long they will be stored, and when they will be erased**. All study data must be password-protected and stored and maintained on an IT-approved platform. Remember, confidentiality refers to recording but concealing the subject’s identity or codes linked to the individual’s identity. Anonymity means that the identity of the subject is never known to the researchers and is never recorded or associated with the data collected.

Incentives to Participate: Occasionally incentives (cash, t-shirts, tickets to amusements or toy stores) are offered to participants to compensate them for their time and effort. **If appropriate, describe what is being offered to the parent and/or child and what is required of the subject to obtain it. If there is a payment offered, state the amount and any formula for prorating the funds should the subject discontinue participation before completing the study.** If there is no incentive, just say so. If there is no special incentive, just indicate that the participant will not be paid to participate in this study.

Voluntary Nature of Participation: **Participation in this study is voluntary. Your decision of whether or not to allow your child to participate will not influence your future relations with California State University, Dominguez Hills** [include the name of any other institutions(s) involved in the research, if appropriate]. **If you decide to allow your child to participate, you are free to withdraw your consent and to discontinue your child’s participation at any timewithout penalty or loss of any benefits to which you are otherwise entitled.**

Questions about the Study or your Rights as a Research Subject: You have the right to ask any questions you may have about this research. You may call the investigator (name and campus phone number). All research with human volunteers is reviewed by the CSUDH Institutional Review Board (IRB), which is charged with protecting your child's rights and welfare. If you have questions or concerns about your child's rights as a research subject, you may contact the CSUDH IRB at 310-243-3756 or [irb@csudh.edu](mailto:irb@csudh.edu).

Special Issues that **typically apply to medical research or research involving physical intervention:**

Costs for Participation: If there are costs associated with participation (e.g., tests, office visits, etc.), **specify in detail the extent of these costs and who is responsible for paying them.**

Compensation for injury **(include this section if your study involves more than minimal risk): Indicate whether any medical treatments are available if injury occurs in the course of the research, and if so, what treatment is available and where further information can be obtained.**

## Your signature below indicates that you have read the information in this document and have had a chance to ask any questions you may have about the study. Your signature also indicates that you agree to allow your child to be in the study and have been told that you can change your mind and withdraw your consent at any time.

## \*Include only for research involving medical experimentation.

## You have been given a copy of this consent form. \*You have also been given a copy of “The Research Participant’s Bill of Rights.” You have been told that by signing this consent form you are not giving up any of your legal rights.

Name of Participant (please print)

Signature of Parent or Guardian Date

Signature of Investigator Date

If you are requesting permission to audio-tape/video-tape or obtain visual images, please use the following CSUDH approved form.

[Audio/Video/Visual Image/Interview Release Form](https://www.csudh.edu/Assets/csudh-sites/ucm/docs/WORD-CSUDH-Visual-Audio-Video-Written-Release-Form-2018.pdf)