**PARENTAL CONSENT**

***Title of Study***

**Name and Title of Researcher:**

Telephone Number:

Email:

**Study Location(s):**

**PURPOSE OF STUDY**

The purpose of this research study is to *(complete this sentence). Example: “explore attitudes of first-generation Americans regarding education.”*

**SUBJECTS**

***Inclusion Requirements***

Your child is eligible to participate in this study if they *(complete this sentence or use a bulleted list of inclusion criteria). Examples include, “are at least 10 years of age or older,” “have been clinically diagnosed with ADHD.”*

**PROCEDURES**

The following procedures will occur: *(Explain the research procedures in chronological order; include the expected duration of each procedure(s) to be completed at the visit. You may provide a visit schedule to assist the participant.)*

**RISKS AND DISCOMFORTS**

The possible risks and/or discomforts associated with the procedures described in this study. Please note that no study is truly “no risk” and the lowest category is minimal. *(For example,* *risks are minimal and no greater than those encountered in everyday life. Make sure to consider all risks – psychological, social, economic, legal and physical.)*

**BENEFITS**

The possible benefits your child may experience from the procedures described in this study include *(complete this sentence). Example: a better attention span. [If no direct benefit to the subject is anticipated, delete the above statement and insert –* Your child will not directly benefit from participation in this study.]

**CONFIDENTIALITY**

***Data Storage***

Your child’s research records will be stored in the following manner: (Complete this sentence. Also, specify the level of privacy afforded to subject data.)

Examples include **(please choose one)**:

* All identifiable information about your child will be removed, with only a code to identify them. The code that links your child’s name to the data will be kept separate from the study data.
* Data will be recorded anonymously, which means no one, including the research team, can identify your child from the study data.
* Identifiable information about your child will be kept with the study data.

**OR**

This information will be protected and kept confidential in the following manner: (Complete this sentence.) Examples include:

* All study data will be kept under lock and key and only authorized research team members will have access to it.
* All data stored electronically will be stored on a secure network server, or on portable devices, such as a laptop with encryption (special software) and password protection. Any hard copies will be shredded and disposed.

All data will be retained for at least three years in compliance with federal regulations.

**IF YOU HAVE QUESTIONS**

If you have any comments, concerns, or questions regarding the conduct of this research, please contact the researcher at the top of this form.

If you are unable to contact the researcher and have general questions, or you have concerns or complaints about the research study, please contact Barat Wolfe, IRB Chair, by email at [irb@canton.edu](mailto:irb@canton.edu).

**VOLUNTARY PARTICIPATION STATEMENT**

Participation in this study is voluntary. Your child may refuse to answer any question or discontinue their involvement at any time without penalty or loss of benefits to which they might otherwise be entitled.

***SIGNATURES***

Your signature documents your permission for your child to take part in this research.

Name of Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***Signature of parent/guardian* *Date***

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***Printed name of parent/guardian***

I certify that the nature and purpose, the potential benefits and possible risks associated with participation in this research study have been explained to the above individual and that any questions about this information have been answered. A copy of this document will be given to the parent/guardian.

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***Signature of researcher Date***

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***Printed name of researcher***

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| Assent Process | * Child is birth-6 yrs. old - Assent is not required. * Child is 7-17 yrs. old – A separate **assent document** is to be signed by the child. * Assent will be obtained verbally. * Assent has been waived by the IRB. |