General Instructions for creating your permission form:

* Hover over text to get detailed instructions.
* Information that is highlighted and/or italicized is instructional text, and should not left on the form. Information in brackets must be edited, then brackets should be deleted.

IMPORTANT NOTES

Do not, under any circumstances, submit a consent form with instructional text still included. This will delay approval of your application.

The instructions in this form were created using hyperlinks. You must remove all hyperlinks before submitting your consent for review. To do this press CTRL + A to select the entire document and the press CTRL+ SHIFT+F9.



Parent/guardian Permission Form for child participation in research

**Study Title:** [Insert title here](#Title" \o "Insert a brief descriptive title here; should match title on IRB application)

**[Permission Form Name:](#ConsentName" \o "OPTIONAL. Enter an identifier for this permission form if you have more than one (e.g., control permission form for child). DELETE IF NOT APPLICABLE.)** [Insert consent name here](#ConsentName" \o "OPTIONAL. Enter an identifier for this permission form if you have more than one (e.g., control permission form for child). DELETE IF NOT APPLICABLE.)

|  |  |  |
| --- | --- | --- |
| Principal Investigator: | Investigator Name | [Telephone: (xxx) xxx-xxxx](#PIPhone" \o "This should be a LOCAL phone number and/or email) |
| [Emergency Contact:](#Emergency" \o "Delete for minimal risk study.) | [Name](#Emergency2" \o "Delete for minimal risk study; otherwise provide name(s) of project staff member that will be available at all times.) | [Telephone: (xxx) xxx-xxxx](#Emergency3" \o "Delete for minimal risk study; otherwise include local number will be answered 24 hours a day.) |

# [Key points you should kn](#KeyPoints" \o "Do not omit, move, or edit this section header. This section should provide the most important information about the study to help a potential participant decide whether to partcipate. Use simple language and do not include extraneous details here.)[ow](#KeyPoints" \o "Do not omit, move, or edit this section header. This section should provide the most important information about the study to help a potential participant decide whether to partcipate. Use simple language and do not include extraneous details here.)

* [We are inviting your child to be in a research study we are conducting. Your child’s participation is voluntary. This means it is up to you and your child to decide if they can be in the study. Even if you decide to have your child join the study, you are free to have them leave at any time if you change your mind.](#Invite" \o "Do not remove or edit.)

* [Take your time and ask to have any words or information that you do not understand explained to you.](#Understand" \o "Do not remove or edit.)

* [We are doing this study because we want to learn INSERT PURPOSE OF THE STUDY HERE.](#Purpose" \o "Provide a list or a few brief sentences here, explaining the purpose of the study)

* [Why is your child being asked to be in this study?](#Inclusion" \o "Indicate the condition(s) or characteristic that resulted in your recruitment of this group of participants (e.g, your child is struggling with math skills). You may delete if not relevant. ) 
  + [INSERT HERE](#Inclusion" \o "Indicate the condition(s) or characteristic that resulted in your recruitment of this group of participants (e.g, your child is struggling with math skills). You may delete if not relevant. )
* [What will your child do if you agree for them to be in the study?](#Purpose" \o "Explain step-by step what the participant will do, make sure to include duration of their participation.)
  + [INSERT STUDY PROCEDURES AND/OR USE TEMPLATE LANGUAGE BELOW](#Purpose" \o "Explain step-by step what the participant will do, make sure to include duration of their participation.)
  + [Participation in this study requires [videotaping/audiotape] of [all procedures/list of procedures], by signing this consent form you are giving us permission to make and use these recordings.](#Recording" \o "Choose one if relevant or delete.)

*[OR](#Recording" \o "Choose one if relevant or delete.)*

* [We would like to](#Recording" \o "Choose one if relevant or delete.) *[[videotape/audiotape] [list of procedures], please indicate whether you will allow us to do so by initialing one of the following:](#Recording" \o "Choose one if relevant or delete.)*
  + - * [\_\_\_\_\_(initials) Yes, I give permission for [videotaping/audiotaping]](#Recording" \o "Choose one if relevant or delete.)
      * [\_\_\_\_\_](#Recording" \o "Choose one if relevant or delete.)[(initials)](#Recording" \o "Choose one if relevant or delete.) *[No, I do not give permission for [videotaping/audiotaping]](#Recording" \o "Choose one if relevant or delete.)*

* [Can your child be harmed by being in this study?](#Risks" \o "Provide a list of reasonable, foreseeable risks.  Use simple langauge.  You may use, edit, or delete the template language below. )
* [INSERT HERE OR USE TEMPLATE LANGUAGE BELOW](#Risks" \o "Provide a list of reasonable, foreseeable risks.  Use simple langauge.  You may use, edit, or delete the template language below. )
* [Being in this study involves no greater risk than what your child ordinarily encounters in daily life.](#NoRisk)
* [Risks to your child’s personal privacy and confidentiality: Your child’s participation in this research will be held strictly confidential and only a code number will be used to identify their stored data. However, because there will be a link between the code and their identity, confidentiality cannot be guaranteed.](#PrivConf" \o "Example text for risk associated with coded data. Delete if not relevant to your study, or edit as needed.)

* + [If we learn something new and important while doing this study that would likely affect whether you would want your child to be in the study, we will contact you to let you know what we have learned.](#LearnNew" \o "Delete if not relevant to your study. )

* [What are the costs of being in the study?](#Costs" \o "Explain costs that will be incurred by participant OR delete if not relevant  OR state \"There  will be no additional costs to you by taking part in this study.\) 
  + [INSERT HERE](#Costs" \o "Explain costs that will be incurred by participant OR delete if not relevant  OR state \"There  will be no additional costs to you by taking part in this study.\)
* [Will you or your child get anything for being in this study?](#Benefits1" \o "List any benefits to the participant or to others that can be reasonable expected. This could include monetary compensation, or extra credit. You can use sample text below or edit/delete as needed.)
  + [INSERT HERE AND/OR USE TEMPLATE LANGUAGE BELOW](#Benefits1" \o "List any benefits to the participant or to others that can be reasonable expected. This could include monetary compensation, or extra credit. You can use sample text below or edit/delete as needed.)
  + [You will not receive any payments for taking part in this study.](#NoPayment" \o "Include this statement if your study does not include payment for participation. Delete if this is not relevant.)
  + You will receive XX for your child participating in the study.

* [What other choices do you have if you decide not to have your child be in the study?](#Alternatives" \o "Delete if this is not relevant to your study or list appropriate alternatives here (e.g., other options for extra credit). ) 
  + [INSERT HERE](#Alternatives" \o "Delete if this is not relevant to your study or list appropriate alternatives here (e.g., other options for extra credit). )
* [Could your child be taken out of the study?](#Removal" \o "Delete if not relevant to your study or list circumstances that would result in withdrawal by the research team.)
  + [Your child could be removed from the study if LIST CONDITIONS HERE](#Removal" \o "Delete if not relevant to your study or list circumstances that would result in withdrawal by the research team.)

# [Can the information we collect be used for other studies?](#ShareData" \o "Keep this section and include one of template statements - editing as needed.)

[Information that could identify your child will be removed and the information your child gave us may be used for future research by us or other researchers; we will not contact you to sign another consent form if we decide to do this.](#ShareData" \o "Keep this section and  include one of template statements - editing as needed.)

[We will not use or distribute information your child gave us for any other research by us or other researchers in the future.](#ShareData" \o "Keep this section and  include one of template statements - editing as needed.)

# [What happens if I say no or change my mind?](#Voluntary" \o "Do not delete this section.)

* [You can say you do not want your child to be in the study now or if you change your mind later, you can stop their participation at any time.](#Penalty" \o "Edit as needed (e.g., if there are benefits that will be lost these should be listed here) but keep in mind that participants must be free to withdraw at any time.)
* [No one will treat your child differently. Your child will not be penalized.](#Penalty)

# [How will my child’s privacy be protected?](#Protection" \o "Below is sample text; add, delete or edit as needed.)

* [We will share your child’s information with INSERT LIST HERE.](#SharingInfo" \o "Edit or delete.)
* [Your child’s information will be stored with a code instead of identifiers (such as name, date of birth, email address, etc.).](#Coded" \o "Only include if your data will be coded.)

* [No published scientific reports will identify your child directly.](#Publication" \o "Only include if applicable.)

* [If it is possible that your child’s participation in this study might reveal behavior that must be reported according to state law (e.g. abuse, intent to harm self or others); disclosure of such information will be reported to the extent required by law.](#Illegalbehavior" \o "Edit as needed. Or, delete if not applicable.)

# [Who to contact for research related questions](#Researchquestions" \o "Do not delete. Make sure to edit to include contact information for a member of the study team.)

[For questions about this study or to report any problems your child experiences as a result of being in this study contact INSERT CONTACT NAME WITH LOCAL PHONE NUMBER AND UTRGV EMAIL ADDRESS.](#Researchquestions" \o "Do not delete. Make sure to edit to include contact information for a member of the study team.)

# 

# [Who to contact regarding your child’s rights as a participant](mailto:Who to contact regarding your child's rights as a participantThis research has been reviewed and approved by the University of Texas Rio Grande Valley Institutional Review Board for Human Subjects Protections (IRB). If you have any questions about your child's rights as a participant, or if you feel that your child's rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-3598 or irb@utrgv.edu.)

[This research has been reviewed and approved by the University of Texas Rio Grande Valley Institutional Review Board for Human Subjects Protections (IRB). If you have any questions about your child’s rights as a participant, or if you feel that your child’s rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-3598 or irb@utrgv.edu.](mailto:Who to contact regarding your child's rights as a participantThis research has been reviewed and approved by the University of Texas Rio Grande Valley Institutional Review Board for Human Subjects Protections (IRB).  If you have any questions about your child's rights as a participant, or if you feel that your child's rights as a participant were not adequately met by the researcher, please contact the IRB at (956) 665-3598 or irb@utrgv.edu.)

# [Signatures](#Signatures" \o "If your study includes a request for waiver of documentation of consent, please remove. )

[By signing below, you indicate that you are voluntarily agreeing to have your child participate in this study and that the procedures involved have been described to your satisfaction. The researcher will provide you with a copy of this form for your own reference.](#Signatures" \o "If your study includes a request for waiver of documentation of consent, please remove. )

[\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_](#Signatures" \o "If your study includes a request for waiver of documentation of consent, please remove. )

[Parent/Guardian’s Signature Date](#Signatures" \o "If your study includes a request for waiver of documentation of consent, please remove. )

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