

Institutional Review Board

Research Project Parent/Guardian Permission Form

**Study Title:***Title as listed on IRB application*

**Researchers:** *List names, academic/staff positions, divisions/departments, telephone numbers of ALL investigators and co-investigators NOTE: Students should be listed as co-investigators with their advisor as PI. For studies involving more than minimal risk, include a 24-hour emergency telephone number with name or position (when relevant)*

**Sponsor:** *Sponsor. Delete row if not applicable.*

You are being asked to allow your child to take part in a research study carried out by *Name of PI’s and Co PI’s*. Please read this form carefully, taking as much time as you need. Ask the researcher to explain anything you don’t understand. This study has been approved for human subjects to take part by the Bellevue College Institutional Review Board.

You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason. Your child will also be asked if he or she would like to take part in this study. Even if you give your permission, your child can decide not to be in the study or to leave the study at any time.

**What is this research study about?**

This research study is being done to *(Briefly describe the primary purpose of the study in lay language)*. We are asking your permission for your child to be in the study because *include a reason why you are asking for the child’s participation (e.g.,he or she is involved in youth soccer,goes to middle school,has been diagnosed with a speech disorder)*.

Taking part in the study will take about *length of study (minutes, months, years)*.

Your child cannot take part in this study if *list exclusion criteria (e.g., he or she is less than 8 years old, has food allergies, reads below fourth grade level*).

**What will my child be asked to do if he or she is in this research study?**

If your child takes part in the study, he or she will be asked to *(Provide a complete description of procedures, including:)*. *Each specific step involved and the chronological order in which they will occur*

* *The estimated amount of time each will take, and the total time involved*
* *If applicable:*
  + *the names of any medications or substances to be given*
  + *the size or amount of biological samples to be taken or doses to be given in common household measurements)*
* *An explanation of any aspect of the procedures that are experimental*
* *A description of questionnaires, surveys, and interviews and include examples of the most personal or sensitive information you will be seeking*
* *A statement that the child may refuse to answer any question in any test, questionnaire, or interview*
* *A description of the use of medical, academic or other records*
* *A statement that you will be using voice, video, digital or image recordings. (If this is a requirement of anyone who takes part in the study, state that in the exclusion criteria in the previous section.*
* *In studies involving access to medical records or protected health information include HIPAA Authorization Form and an Appendix A for use or creation of personal health information (PHI) in research.*
* *An explanation of any results that will be given to the child, parent, their physician, or any other person or institutions.*

**Are there any benefits to my child if he or she is in this research study?**

The potential benefits to your child for taking part in this study are *Describe only the benefits that are likely for research participants. Describe generalizable or societal benefits in a sentence such as: If your child takes part in this study, it may help others in the future. Note: Do not include financial compensation or other forms of incentive as benefits of being in the project. This information belongs in the section on costs or payments.*

*Do not overstate potential benefits. If there are none, state:* There is no direct benefit to your child from being in this study.

**Are there any risks to my child if he or she is in this research study?**

The potential risks to your child from taking part in this study are. *In addition to physical risks/discomforts or stress, describe any other risks, such as: psychological, social, or loss of confidentiality; risks associated with sensitive questions, for example, distress or discomfort. Describe the probability of each risk in terms of “likely,” “possible,” or “unlikely.” Describe the precautions that are being taken to minimize risks and steps that will be taken if risks occur. If applicable, discuss the availability of referrals, counseling, or other services, such as suicide counseling. Note: Do not state that there are no risks or that risks “should be minimal.”*

**Will information about my child be kept private?**

*(Use only if applicable; if not applicable delete sentence)* The data for this study are being collected anonymously. Neither the researcher(s) nor anyone else will be able to link data to you.

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The data for this study will be kept private and confidential to the extent allowed by federal and state law. *If data are coded and a key maintained separately, inform participant of the process. Explain how you will maintain the participant’s privacy throughout the study (e.g. private conversations, interaction with other participants) If applicable, discuss required reporting (e.g., potential suicide or homicide, child abuse).Describe where data will be stored and how it will be protected. Describe who will have access to the data, including: All researchers and research staff, Institutional Review Board (IRB), sponsors, agencies.(Inform parent if voice, video, digital or image recordings will be made of their child, and indicated if this is required to be in the study. If recordings are optional, a separate check box must be included with the signature at the end of the form.) (Explain to the parent whether or not information obtained about their child will be shared with them, their physician, or any other individual.)*

The results of this study may be published or presented at professional meetings, but your child’s name will not be used or associated with the findings. The data for this study will be kept for \_\_\_ years. *(a minimum of 3 years after the completion of the study is required by BC)*

**Are there any costs or payments for your child being in this research study?**

*(If applicable; if not applicable delete sentence)* There will be no costs to you or your child for taking part in this study.

*(If applicable; if not applicable delete sentence)* Your child will receive \_\_\_\_\_ for taking part in this study. If you decide to withdraw your permission or if your child decides to leave the study, your child will receive \_\_\_\_\_. *(Explain the method or schedule for each payment)*

*(If applicable; if not applicable delete sentence)* If your child receives payment for taking part in this study, you may be asked to provide your home address or your child’s social security number.

*[or]*

You will not receive money or any other form of compensation for taking part in this study.

**What are my child’s rights as a research study volunteer?**

Your child’s participation in this study is completely voluntary. Your child may choose not to take part in this study, choose not to answer specific questions, or leave the study at any time. There will be no penalty or loss of benefits to which you or your child are entitled if you choose not to give your permission for your child to take part or your child withdraws from the study.

**Who can I talk to if I have questions?**

If you have questions about this study or the information in this form, please contact the researcher (name and complete contact information: mailing address, e-mail address, and phone number(s)). If you have questions about your child’s rights as a research participant, or would like to report a concern or complaint about this study, please contact the Bellevue College Institutional Review Board at phone number: (425) 564-3152, email address: [irbchair@bellevuecollege.edu](mailto:irbchair@bellevuecollege.edu), or regular mail at: Institutional Review Board Chair, Bellevue College, 3000 Landerholm Cir. SE, Bellevue WA 98007.

**What does my signature on this consent form mean?**

Your signature on this form means that:

* You understand the information given to you in this form.
* You have been able to ask the researcher questions and state any concerns.
* The researcher has responded to your questions and concerns.
* You believe you understand the research study and the potential benefits and risks that are involved for your child.
* You understand that even if you give your permission, you child may choose not to take part in the study.

**Statement of Consent**

I give my voluntary consent to take part in this study. I will be given a copy of this consent document for my records.

|  |  |
| --- | --- |
| Signature of Participant | Date |
| Printed Name of Participant | |

**Statement of Person Obtaining Informed Consent**

I have carefully explained to the person taking part in the study what he or she can expect.

I certify that when this person signs this form, to the best of my knowledge, he or she understands the purpose, procedures, potential benefits, and potential risks of participation.

I also certify that he or she:

* Speaks the language used to explain this research.
* Reads well enough to understand this form or, if not, this person is able to hear and understand when the form is read to him or her.
* Does not have any problems that could make it hard to understand what it means to take part in this research.

|  |  |
| --- | --- |
| Signature of Person Obtaining Consent | Date |
| Printed Name of Person Obtaining Consent | Role in Research Study |

*Note: For lower risk studies or studies with a large number of participants (mass administered questionnaires, etc.) it may be permissible for the PI to sign and date one copy and make copies of the informed consent document for participants.*

**Routing Instructions**

1) IRB Chair, A242