

APPENDIX E-iii: PARENTIAL INFORMED CONSENT FORM SAMPLE

You are invited to participate in a research study conducted by (Principal Investigator). The purpose of this research is (explain using language which can be easily understood by the subject). Your child’s participation will involve (describe the procedures to be followed). The amount of time required for your child’s participation will be (provide an estimate of the expected duration of the child’s participation in the study).

There are no known risks associated with this research. OR There are certain risks or discomforts associated with this research. They include (describe any reasonably foreseeable risks or discomforts to the child. You may also describe the measures you will take to minimize these risks and discomforts.)

There are no known benefits to the child that would result from the child’s participation in this research. OR (Describe any benefits to the child and to others that may reasonably be expected from the research.) This research may help us to understand (brief statement, if appropriate).

(Describe the extent to which confidentiality of records identifying the child will be maintained. If appropriate, precede the description with: We will do everything we can to protect your child’s privacy. If appropriate, follow the description with: Your child’s identity will not be revealed in any publication resulting from this study.)

Participation in this research study is voluntary. You may refuse to allow your child to participate or withdraw your child from the study at any time. Your child will not be penalized in any way should you decide not to allow your child to participate or to withdraw your child from this study.

If you have any questions or concerns about this study or if any problems arise, please contact (insert Principal Investigator’s name here). If you have any questions or concerns about your child’s rights as a research participant, please contact AIU’s Institutional Review Board.

Consent

I have read this parental permission form and have been given the opportunity to ask questions. I give my permission for my child to participate in this study.

Parent/Guardian Signature

Date

Child’s Name

Age

Principal Researcher

Date

Participant Number to be used on all documents: _____