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**Institutional Review Board for the Protection of Human Subjects**

**Form B—Statement of Informed Consent For Parents/Guardians of Minors**

***Instructions to Investigator(s): Adapt this template to your project deleting all blue instructions and text.* Consent forms are not required for projects that are regular classroom practice taking place in a classroom**

**Title of Study:**

**Study investigator(s):**

**Contact information:**

**Faculty sponsor** *(include if applicable)*

**Contact information:**

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| --- |
| **KEY INFORMATION:**   * Your child is being asked to be in a research study of [insert general statement about study]. As with all research studies, participation is voluntary.  The purpose of this study is [explain research question and purpose in clear, concise language to help participant fully understand research].  * A maximum of [number] people will take part in this study. The results will be used for [describe what the results will be used for, including a master’s thesis or other course requirement, if applicable]. * If you give permission for your child to take part in this study, they will be involved in this study for [insert length of time (hours, days, week(s), month(s), or year(s)), number of sessions, duration of participant involvement, and estimated amount of time (in hours or minutes) spent participating. Include whether you intend to collect follow-up information and when this will be done. For example: “Follow-up information will be collected six months after last study visit.” * Briefly describe what will happen to the participant, including the activities they will be asked to engage in, how long they will take, where the research will take place, and how often they will be asked to perform the research tasks. Note that you will provide more detail in the body of the consent form. * Inform the participant of the major risks or discomforts (e.g. physical, emotional, social) as a result of study procedures. Inform the participant of any inconveniences (e.g. the amount of time required to complete procedures, abstention from food, length of time participants may be required to sit or stand) as a result of study procedures. If there are no known risks, then use the following suggested statement in this section: “We believe there are no known risks associated with this research.” * Describe any direct benefits to the participant that may be reasonably expected as a result of the research. Describe benefits expected to accrue to the population the participant represents or to society in general (e.g. advancement of knowledge, health benefits to others). DO NOT include payments for participation or other incentives and gifts as a benefit of participation. If participants are not expected to directly benefit, then use the following suggested statement in this section: “You may not directly benefit from this research; however, we hope that your participation in the study may… (Describe societal benefits).” If no benefits, state that here]. * [Describe alternative procedures or course of treatment, if any.] |

Thank you for considering allowing your child to participate in a research study about [insert general statement about study]. This study is being conducted at [study location]. This study is being conducted by: [Name of PI] in the [academic department] at Whitworth University

Your child was selected as a possible participant because [explain how subject was identified].

Please read this consent form and ask any questions you have before providing consent for your child to be in the study.

**PROCEDURES:**

If you give permission for your child to be in this study, they will be asked to do the following:

[Describe *in detail* what will happen to the subject if they decide to participate. Include a step-by-step description of the activities participants will be asked to engage in, how long they will take, where the research will take place, and how often they will be asked to perform the research tasks. If the procedures are simple and/or only happen one time, this section may be quite short.

The subject needs to know what will happen to them at each study visit. All study procedures need to be described, but do not include procedures and treatments that are established practice and not part of the study. All procedures should be described in the simplest wording possible. If terminology is used, a description should be included. Bullet points, charts or tables are encouraged to increase readability of complicated procedures.

List all study visits separately, in chronological order and note what procedures are to be expected. If multiple visits or sessions will be held, provide a timeline with a detailed description of each visit or session.

If applicable, include a distinct section that describes all the possible subject groups and study interventions. Tell the subjects how they will be assigned to an intervention group. If it is random assignment, it can be described with wording such as “by chance,” “flipping a coin,” “pulling numbers from a hat,” etc. If applicable, state the ratio (or odds) of possible intervention assignments: “You have a 1 in 2 chance of receiving” or “The odds that you will be in group A or group B are 1:1”.

If audio- or videotaping will be used, the subject must be informed of taping and given the choice to agree to the recording at end of form. Subjects must be informed of whether they can opt out of the recording and still participate in the study. If taping is required for participation, this must be clearly stated, both here and in the signature at the end of the study.]

**COMPENSATION/INCENTIVES:**

Your child will/will not receive compensation. [Describe compensation. Include payment or other compensation information here, if applicable, including when disbursement will occur and conditions of payment. For example, if monetary benefits will be pro-rated due to early withdrawal, explain that.]

**CONFIDENTIALITY:**

The records of this study will be kept private and your child’s confidentiality will be protected. In any sort of report the researcher(s) might publish, no identifying information will be included. [If research methods include a focus group, add: Please be advised that although the researchers will take every precaution to maintain confidentiality of the data, the nature of focus groups prevents the researchers from guaranteeing confidentiality. The researchers would like to remind participants to respect the privacy of your fellow participants and not repeat what is said in the focus group to others. If applicable, add: The only exception to maintaining confidentiality would be if you indicate that there is immediate and serious danger to the health or physical safety of yourself or others. In that case, a professional may have to be contacted. We would always talk to you about this first.]

Research records will be stored securely and only the researcher(s) will have access to the records. All data will be kept [describe where records will be kept, such as a locked filing cabinet in the researcher’s office or on a password-protected laptop] by the investigator(s). All study records, including approved IRB documents, tapes, transcripts, and consent forms, will be destroyed by shredding and/or deleting after [specify number of 3 or more] years. If audio-recordings are made, they will be erased as soon as they are transcribed. [If any recordings will be made, explain who will have access, if they will be used for educational purposes, and when they will be erased. If this is not relevant to your study, delete this last section]

**VOLUNTARY NATURE OF THE STUDY:**

Participation in this study is voluntary and requires your informed consent. Your decision whether or not to have your child participate will not affect your current or future relations with Whitworth University or with [name any other cooperating institutions, such as a school or agency] . If you decide to have your child participate, they are free to skip any question that is asked. They may also withdraw from this study at any time without penalty.

**CONTACTS AND QUESTIONS:**

The researchers(s) conducting this study: [name of researcher(s)]. If you have questions, **you are encouraged** to contact the researcher(s) at [location, phone number, e-mail address. If researcher is a student, including advisor’s name, title, telephone number and e-mail address as well.]

If you would like to talk to someone other than the researchers, please contact the Whitworth University IRB’s compliance officer at (509) 777-3701.

**STATEMENT OF CONSENT:**

I am 18 years of age or older. I have read and understood the above information. I give consent for my child to participate in the study.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Retain if applicable:*

*I will allow my child to be audiotaped \_\_\_\_ Yes \_\_\_\_No If I do not wish my child to be audiotaped, the researcher will [explain alternative to audio-taping, if any. If no alternative, state this clearly].*

*I will allow my child to be videotaped \_\_\_\_Yes \_\_\_\_No If I do not wish my child to be videotaped, I will inform the researcher, who will instead [explain alternative to videotaping, if any. If no alternative, state this clearly].*

Signature of Investigator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Please keep the second copy of this informed consent for your records.***