**DELETE PRIOR TO SUBMITTING: Use this document for research involving minors, unless you have requested and the IRB has approved a waiver of parental consent, a parent or guardian must sign and return the form consenting to the involvement of their child.** *The parental/guardian informed consent language and its documentation (especially explanation of the study’s purpose, duration, experimental procedures, alternatives, risks, and benefits) must be written in “lay language”. DO NOT use language copied from the protocol. Avoid technical jargon. All italicized sections need to be addressed prior to submission.* ***Please note there is a separate file available on the IRB website with sample standard language for circumstances including, but not limited to, funding by NIH, genetic testing, etc.***

**University of Colorado**

**Colorado Springs (UCCS)**

**Parental/Guardian Informed Consent for Child to be a Research Subject**

**Title**:

**Principal Investigator**:

**Funding Source**:

## Key Information « As part of the revised Common Rule, there is the requirement that the document begin with a concise and focused presentation of the key information that is most likely to assist a prospective subject or legally authorized representative in understanding the reasons why one might or might not participate in the research study. It must be organized and presented in a way that facilitates comprehension. Include a BRIEF summary of the protocol, including the following: 1. Consent is being requested and participation is voluntary; 2. The purpose of the research, expected time commitment, and procedures to be followed; 3. reasonably foreseeable risks or discomforts; 4. Benefits to the participant and others; and 5. Appropriate alternative procedures, if any. »

## Introduction

You are being asked to allow permission for your child to be in a research study. This form is designed to tell you everything you need to think about before you decide to consent (agree) to let your child participate in the study or not to be in the study. A member of the research team will describe this study to you and answer any questions. **It is entirely your choice. If you decide to give permission for your child to take part, you can change your mind later on and withdraw them from the research study. Your child can skip any questions that he or she does not wish to answer. Additionally, your child can choose not to participate in the study when asked as part of the child assent process.**

Before making your decision:

* Please carefully read this form or have it read to you.
* Please ask questions about anything that is not clear.

Feel free to take your time thinking about whether you would like your child to participate. By signing this form, you will not give up any legal rights.

**Study Overview**

This study plans to learn more about… « *Describe why you are conducting the study. Make sure to provide potential participants with a clear and accurate description of the purpose and objectives of the research.* » Ultimately, this research may be… « *published in a journal, as part of a book, presented at a conference, etc.* »

**Procedures**

## Your child is being asked to be in this research study because… « Include information the location of and what will happen during the study and information regarding the approximate amount of time required to participate in the study. If participants will be screened, describe screening procedures and major inclusion/exclusion criteria. All experimental procedures must be identified as such. »

**Other people in this study**: Up to « *indicate* *number* » children will participate in this study.

## Risks and Discomforts

## « Provide possible examples of the risks and discomforts that may be associated in the research. Even if the study is of minimal risk, a risk must be specified. 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 study for your child; however, a possible inconvenience may be the time it takes to complete the study. Also, consider a breach of confidentiality." Describe how you will minimize the risks that the subject might face and how you will deal with the risks if they occur during the study. »

## Benefits

This study is meant for the researchers to learn more about… *« Discuss benefits of the study. First describe any direct benefits to the child and/or family, then any benefits to others. There may not be any benefits for the children participating in the study, and if so this needs to be stated clearly. Even if the participant will not profit, there must be a benefit stated such as the greater good for society or knowledge development. »*

##### Compensation

*« Provide the exact amount of compensation here (i.e. $10, 1 point of extra credit, or clearly state if no compensation is provided). Also indicate how they will receive payment and if they will receive payment if they do not complete the study. »*

###### Confidentiality

«*Provide how you as the researcher/PI will protect the confidentiality of the research study and research subjects( i.e. data is deidentified, secured, etc*.). »

There are some cases in which the researchers cannot keep confidentiality. If either you or your child tell a person on the research team any information about a past or present situation in which someone who is still a child, an elder, or a dependent adult has been abused or neglected, they would be required by law to report this to the proper authorities. In addition, if you or your child report that you are a danger to yourselves or others, they would be obligated to take steps to make sure you are safe. If the researchers receive a court order, which are rare, they would be required by law to share your data with the judge.

Your confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties.

Certain offices and people other than the researchers may have access to study records. Government agencies and UCCS employees overseeing proper study conduct may look at your study records. These offices include the UCCS Institutional Review Board, and the UCCS Office of Sponsored Programs and Research Integrity. UCCS will keep any research records confidential to the extent allowed by law. A study number rather than your name will be used on study records wherever possible. Study records may be subject to disclosure pursuant to a court order, subpoena, law or regulation.

## Voluntary Participation and Withdrawal from the Study

Taking part in this study is voluntary. Your child has the right to leave a study at any time without penalty. Your child may refuse to do any procedures she or he does not feel comfortable with or answer any questions that she or he does not wish to answer.

## Contact Information

Contact (PI’s info): *« Your UCCS email address is preferred. »*

* if you have any questions about this study or your part in it,
* if you have questions, concerns or complaints about the research, or
* if you would like information about the survey results when they are prepared.

Contact the Research Integrity Specialist at 719-255-3903 or via email at irb@uccs.edu:

* if you have questions about your rights as a research participant, or
* if you have questions, concerns or complaints about the research.

## Consent

A copy of this consent form will be provided to you.

I understand the above information and voluntarily consent to my child(ren) participating in the research. By signing this consent, I am confirming that I am 18 years of age or older and the parent/guardian of the child indicated below.

« If your research methods include audio/videotaping, you should include the following statement. Make sure to only include the recording method utilized (audio, video, or audio and video). "I give consent for my child to be video/audio taped during the interview? [ ]  Yes or [ ]  No." »

Print Parent(s)/Guardian(s) Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Child Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent(s)/Guardian(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_