[**Parent or Guardian Permission Form** – Instructions on this template are in brackets. Remember to erase these instructions and brackets when preparing your consent forms. Make sure that your consent form has been proofread for typographical, grammar, and spelling errors. This consent form is similar to that used for adults, but the wording refers to “Your child or ward…” rather than addressing the participant directly. Refer to the consent form samples in Appendix B for examples of wording for parental consent and to Appendix C for examples of wording for minor assent. This template may also be revised to be used in cases where you are seeking permission from a subject’s legally authorized representative when the subject has limited capacity to provide consent.]

**REQUEST FOR YOUR CHILD’S OR WARD’S PARTICIPATION IN RESEARCH**

**TITLE OF THE STUDY**

**NAME OF THE RESEARCHER** [In addition to your name, also include your title or affiliation in this section, for example, Ph.D. or San Jose State University graduate student. If you are a student, include your faculty supervisor’s name also.]

[You may include an introductory statement about yourself and your research preceding the consent information. The introductory statement is optional.]

**PURPOSE**[Describe what your study is about and why the study is being conducted.]

**PROCEDURES**[Describe what the child and/or ward will be asked to do, where and when the study will occur, the duration, and what materials and devices will be used – including the use of audio/video recording devices. You may want to have separate check boxes for parents at the end of the consent form explicitly requesting permission to conduct audio or video recordings.]
 **POTENTIAL RISKS**[Describe any foreseeable risk or discomforts to the child and/or ward. Include information on how risks will be mitigated as well as any appropriate supportive services that are available, when applicable. For research involving more than minimal risk, provide an explanation as to whether any treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained.]

**POTENTIAL BENEFITS**[Describe any possible direct benefits to the parent’s child, such as health, educational, or social benefits. Describe any indirect benefits, such as the possibility that participants may help contribute to generalizable knowledge or that the research may help populations outside of the study group.]

**COMPENSATION**[Provide information about the amount, nature, and reason for any compensation being offered for participation. Otherwise, state that there is no compensation for participation.]

**CONFIDENTIALITY**[Describe the manner and degree to which confidentiality will be maintained and who has access to data. Explain if there are any limits to confidentiality – for example, if you are a mandated reporter. Avoid using the word “anonymous” unless you are certain that the research team will not be receiving any identifying information from participants and will not be able to connect responses to individuals. If identifying information will be included in publication or dissemination, the degree to which participants will be identified and how they will be identified should be stated.]

**PARTICIPANT RIGHTS**[The following sample text summarizes participants’ rights.]
Your child’s participation in this study is completely voluntary. You may refuse to allow his or her participation in the entire study or any part of the study without any negative effect on your relations with San Jose State University or [name any other participating institutions]. Your child also has the right to skip any question that he or she does not wish to answer. This consent form is not a contract. It is a written explanation of what will happen during the study if you decide to allow your child to participate. You will not waive any rights if you choose not to allow your child to participate and there is no penalty for stopping your child’s participation in the study. Your child may also decide to stop at any time.

**QUESTIONS OR PROBLEMS**[The following sample text summarizes the contacts that need to be included on the consent form. ]
You are encouraged to ask questions and to have your child ask questions at any time during this study.

* For further information about the study, please contact [name of researcher and contact information – phone or email or both].
* Complaints about the research may be presented to [name and contact information for your department chair or college dean if there is no chair].
* For questions about participants’ rights or if you feel your child has been harmed by participating in this study, please contact **Dr. Richard Mocarski,** Associate **Vice President for Research**, San Jose State University, at 408-924-2479 or irb@sjsu.edu

**SIGNATURES**
**Parent/Guardian Signature**Your signature indicates that you voluntarily agree to allow your child to be part of the study, that the details of the study have been explained to you and your child, that you have been given time to read this document, and that your questions have been answered. You will be given a copy of this consent form, signed and dated by the researcher, to keep for your records.
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Name of Child or Minor Parent or Guardian Name (Printed)

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Relationship to Child or Minor Parent or Guardian Signature Date

**Researcher Statement**I certify that the minor’s parent/guardian has been given adequate time to learn about the study and ask questions. It is my opinion that the parent/guardian understands his/her child’s rights and the purpose, risks, benefits, and procedures of the research and has voluntarily agreed to allow his/her child to participate. I have also explained the study to the minor in language appropriate to his/her age and have received assent from the minor.

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Signature of Person Obtaining Informed Consent and Assent Date