Parental Permission for a Minor

Instructions: Delete all boxes (using the border feature) once you have customized each section. Boxes will contain the following:

Guidance and Suggestions
This text includes formatting requirements and helpful reminders. If this is student research, be sure you include a statement that you are conducting this research under the supervision of [provide the name of the Professor by name, title, and affiliation].

Sample Statements
Sample statements can be edited for inclusion in your consent form. Text in brackets indicate fields that you should replace with your own information.

Text outside the boxes is formatting that does not need to change. **All language should be written at a 6th grade reading level, free of jargon and written in concise lay language**.

Please leave a space 2 inches wide and 1 inch tall in the bottom right corner for the IRB to stamp.

Title of the Research Study:
Principal Investigator:

Introduction

Sample Statements
My name is [insert name]. I am a (graduate student/professor) from Brigham Young University. I am conducting a research study about [state the purpose of the research]. I am inviting your child to take part in the research because (he/she) [state why the prospective subject is being invited to participate].

Procedures

Guidance and Suggestions
This section should mirror the procedures stated in the protocol section of your IRB application. State where the research will take place, how long it will take, and what time of day it will occur. State the length of time each procedure will take and state the total time it will take. Use the pronoun "you" and "your child" when referring to the parents and prospective minor subject.

Sample Statements
If you agree to let your child participate in this research study, the following will occur:

- Your child will be asked to play math games and take a test.
- This will take place during their regular classroom during class time.

Risks

Guidance and Suggestions

State the risks involved and how you, the investigator, will reduce the stated risks. The information regarding risks must align with those stated in the IRB application.

If the children are very young, add that "if the child shows that he/she does not want to participate by crying or exhibiting withdrawing behavior, or any other signs of resistance, we will stop immediately." Also, if the questions are very sensitive and may cause anxiety or other negative emotions, investigators should include a brief list of counseling contacts the parents may contact.

If applicable, add the following section with the heading **In Case of Research-Related Injury**. Note: **—This section should be included ONLY if the study presents physical harm.**

BYU makes no commitment to provide financial compensation, or free medical care should your child be injured as a result of their participation in this research. Nonetheless, in the event of such an injury, after seeking appropriate medical attention, please contact [PI contact information].

Sample Statements

There is a risk that your child's privacy could be affected. To protect your child's privacy, the investigator will not use their real name or any information that could identify your child directly in the report. All data will be kept [in a locked file cabinet in a secure location]. Only the investigator will be able to access the raw data. At the end of the study, data will be [inform the parents what will be done with their child's data when the study is complete].

[OR]
Your child may feel some discomfort when asked some of the questions. Your child can choose which questions they want to answer or stop the entire process at any time without affecting his/her standing in school or their grades in class.

Confidentiality

Guidance and Suggestions

"Anonymous" is applicable when NO identifiable data is collected/recorded (e.g. your child will be assigned an ID number during the study and there will be no master list to re-identify your child), "confidential" is applicable when the investigator knows, collects, or has a record of your child's name or other identifiable information such as e-mail address, phone number, address, birthdate, student ID, and/or social security, but uses pseudonyms during reporting of the data, and the personal information is only accessed by the investigator or the research team who is doing the study.

If using focus groups, add the following statement: "Since focus groups include other people, we cannot guarantee complete confidentiality."

In this section, state how long you will protect the confidentiality of the data collected. Where will the data be stored? Will it be password-protected if stored on a computer or in a locked office if it's paper data? How long will the data be kept? What will happen to it when the project is over (will it be destroyed, kept for future research--if so, the research must be consistent with the original purpose. If you are video or audio recording them, let them know how long those will be stored. If using a cloud service, state that you will encrypt data and explain how you will manage access to these data. For

example, use of encryption, storing identifiable information separately from the rest of the research data, keeping only de-identified transcripts of interviews/focus groups in Box for analysis, etc.

Sample Statements

Your child's responses [or information] will be [anonymous OR confidential (see above for definitions)].

Research data will be kept [in a secure location/on password protected computer] and only the investigator will have access to the data. At the end of the study, all identifying information will be removed or deleted, and the data will be stored in encrypted files with access limited only to the research team.

Data Sharing

Sample Statements

We will keep the information we collect about your child during this research study for analysis [and for potential use in future research projects].

[If the study data contain information that directly identifies your child, include this sentence.] Their name and other information that can directly identify them will be stored securely and separately from the rest of the research information we collect from them.

Data without your child's identifiers from this study may be shared with the research community, with journals in which study results are published, and with databases and data repositories used for research. We will remove or code any personal information that could directly identify your child before the study data are shared. Despite these measures, we cannot guarantee that your child's identity will remain anonymous.

[For longitudinal research studies, include the following.] The investigators [plan to/may] contact your child again as part of this research study.

[If you plan to share identifiable data for unspecified future research, include this paragraph.] We would like to share your child's identifiable information with other investigators for future research studies. We will ask for your permission to do so at the end of this form. Your child can be in this current research study without agreeing to future research use of your child's identifiable information.

Benefits

Guidance and Suggestions

The benefit comes as a direct result of the child's participation in the research. The benefit should be fairly immediate, and the expectation of the benefit should be well-founded scientifically. If there are no direct benefits, please state that there are no direct benefits to their child. In a few limited cases a subject may receive an experimental drug, therapy, etc., that are proven to provide direct benefits in a clinical trial. Extra credit, monetary inducements are not considered to be benefits.

Any indirect benefit to society (such as expanding scientific knowledge) can only be anticipated. There is no guarantee of benefit to society because you have not yet obtained results. If you talk about anticipated benefits, do so briefly and use the conditional tense, as in "Benefits may include..."

Sample Statements

There are no direct benefits for your child's participation in this study. However, benefits to society may include…XYZ.

Compensation

Guidance and Suggestions

This section must state the same compensation offered, if any, as listed in the protocol. If no compensation is offered, say so here.

Sample Statements

There will be no compensation for your child.

[OR]

Your child will receive $10 in cash for participating.

Alternatives to Taking Part in the Study

Guidance and Suggestions

Include this section only if there is an alternative activity for children who do not participate in the study—this usually applies to survey and curriculum design studies.

Sample Statements

If you do not want your child to participate in this study, your child will have the option to: [Explain how those who decline to participate will spend their time while research subjects will engage in the research activities.]

Participation

Sample Statements

Participation in this research study is voluntary. You are free to decline to have your child participate in this research study. You may withdraw your child's participation at any point without [affecting your child's grade/standing in school, treatment, or benefits, etc.].

If you do not want your child to participate in this study, your child will have the option to: [Explain how those who decline to participate will spend their time while research subjects will engage in the research activities.]

Questions about the Research

Sample Statements

If you have any question about the research study, please contact [investigator's name] at [phone and email address]. You may also contact [supervising instructor's name] at [phone number and email address].

You have been given a copy of this consent form to keep.

Questions about your child's rights as a research subject or to submit comment or complaints about the study should be directed to the Human Research Protection Program, Brigham Young University, at (801) 422-1461 or send emails to BYU.HRPP@byu.edu.

Signatures

Sample Statement

If you have had all your questions answered and give permission for your child to participate in this study, sign on the lines below. Remember, your child's participation is completely voluntary, and you're free to remove them from the study at any time.

Child's Name: _____

Parent Name: _____ Signature: _____ Date: _____