

Title of Research Project

Consent for a Minor to Participate in a Research Study

Principal Researcher: Principal Researcher's Name

Faculty Advisor: Faculty Advisor's Name

This is a parental permission form for research participation. It contains important information about this study and what to expect if you permit your child to participate.

Your child's participation is voluntary.

Please consider the information carefully. Feel free to discuss the study with your friends and family and to ask questions before making your decision whether or not to permit your child to participate. If you permit your child to participate, you will be asked to sign this form and will receive a copy of the form. We must also have your child's assent to participate in this study.

INVITATION TO PARTICIPATE

Your child is being invited to participate in a research study about . Your child is being asked to participate in this study because .

WHAT YOU SHOULD KNOW ABOUT THE RESEARCH STUDY

Who is the Principal Researcher?

Principal Researcher's name and contact information

Who is the Faculty Advisor?

Faculty Advisor's name and contact information

What is the purpose of this research study?

The purpose of this study is

Who will participate in this study?

Number of expected participants, who they are, age range, etc.

What will your child be asked to do?

Your child's participation will require the following:

What are the possible risks or discomforts?

List any possible risks. It is permissible to say there are no anticipated risks to participating, if this is the case.

What are the possible benefits to your child if he/she participates in this study?

This question asks for benefits to the participant, not just the knowledge gained by the study. It is permissible to say there are no anticipated benefits to the participant, if this is the case.

How long will the study last?

Make it clear to how long the child's participation will take, whether a 15-minute survey, or three one-hour meetings spread out over a month, etc.

Will your child receive compensation for time and inconvenience if you choose to allow him/her to participate in this study?

Will you or your child have to pay for anything?

This will generally say, No, there will be no cost associated with your participation.

What are the options if I do not want my child to be in the study?

If you do not want your child to be in this study, you may refuse to allow him/her to participate. Your child may refuse to participate even if you give permission. If your child decides to participate and then changes his/her mind, your child may quit participating at any time. Your child's grades, relationship with their school or teacher, etc. will not be affected in any way if you or your child refuse to participate. Your child will not be punished or discriminated against in any way if you refuse to allow participation or if your child chooses not to participate.

How will my child's confidentiality be protected?

All information will be kept confidential to the extent allowed by applicable State and Federal law and University policy. Add whatever steps are being taken to ensure confidentiality, whether data will be anonymous, records will be locked in a secure area, etc.

Will my child and/or I know the results of the study?

At the conclusion of the study you will have the right to request feedback about the results. You may contact the faculty advisor, Name and contact information or Principal Researcher, Name and contact information of advisor if applicable. You will receive a copy of this form for your files.

What do I do if I have questions about the research study?

You have the right to contact the Principal Researcher or Faculty Advisor as listed below for any concerns that you may have.

Principal Research's name and contact information

Faculty Advisor's name and contact information

You may also contact the University of Arkansas Research Integrity and Compliance office listed below if you have questions about your rights as a participant, or to discuss any concerns about, or problems with the research.

Ro Windwalker, CIP
Institutional Review Board Coordinator
Research Integrity and Compliance
University of Arkansas
105 MLKG Building
Fayetteville, AR 72701-1201
479-575-2208
irb@uark.edu

I have read the above statement and have been able to ask questions and express concerns, which have been satisfactorily responded to by the investigator. I understand the purpose of the study as well as the potential



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benefits and risks that are involved. I understand that participation is voluntary. I understand that significant new findings developed during this research will be shared with me and, as appropriate, my child. I understand that no rights have been waived by signing the consent form. I have been given a copy of the consent form.
