



Written Consent Form: **IRB010D** Parental Permission

Gratz College
Parental Permission for a Minor Child to Participate in a Research Study (IRB010D**)**
Social Behavioral Form

Title of Study:

Principle Investigator:

Email address:

Co-Investigators:

Program Director:

Funding Source:

Study Contact telephone number:

Study Contact Email:

What are some general things you should know about research studies?

You are being asked to allow your child to take part in a research study. To join the study is voluntary. You may refuse to give permission, or you may withdraw your permission for your child to be in the study, for any reason, at any time. Even if you give your permission, your child can decide not to be in the study or to leave the study early.

Research studies are designed to obtain new knowledge. This new information may help people in the future. Your child may not receive any direct benefit from being in the research study. There also may be risks to being in research studies.

Details about this study are discussed below. It is important that you understand this information so that you and your child can make an informed choice about being in this research study.

You will be given a copy of this consent form. You and your child should ask the researchers named above, or staff members who may assist them, any questions you have about this study at any time.

What is the purpose of this study?

The purpose of this research study is to learn about

You are being asked to be in the study because

Are there any reasons you should not be in this study?

Your child should not be in this study if

How many people will take part in this study?

If you decide to be in this study, your child will be one of _____ other people in this research study.

How long will your child's part in this study last?

What will happen if your child takes part in the study?

What are the possible risks or discomforts involved from being in this study?

There may be uncommon or previously unknown risks. You should report any problems to the researcher.

How will your child's privacy be protected?

Participants will not be identified in any report or publication about this study. Although every effort will be made to keep research records private, there may be times when federal or state law requires the disclosure of such records, including personal information. This is very unlikely, but if disclosure is ever required, Gratz College will take steps allowable by law to protect the privacy of personal information. In some cases, your information in this research study could be reviewed by representatives of the College, research sponsors, or government agencies for purposes such as quality control or safety.

Exception to confidentiality – Mandatory reporting: If your minor child reveals that a probable crime has been committed against him or her (such as physical or sexual abuse), I am mandated by law to report that information to the appropriate legal authorities.

What will happen if your child is injured by this research?

All research involves a chance that something bad might happen. This may include the risk of personal injury. If such problems occur, the researchers will help your child get medical care, but any costs for the medical care will be billed to you and/or your insurance company. However, by signing this form, you do not give up any of your legal rights.

Will your child receive anything for being in this study?

Your child will not receive anything for taking part in this study.

Will it cost you anything for your child to be in this study?

There will be no costs for being in
the study.

What if you or your child have questions about your rights as a research participant?

You and your child have the right to ask, and have answered, any questions you may have about this research. If you have questions, or concerns, you should contact the researchers listed on the first page of this form.

Parent's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily give permission to allow my child to participate in this research study.

Printed Name of Research Participant (Child)

Signature of Parent

Date

Printed Name of Parent

Only include the following section if consent obtained in-person.

Signature of Person Obtaining Permission

Date

Printed Name of Person Obtaining Permission