**PARENTAL INFORMED CONSENT DOCUMENT**

**Title of Project:**

**Graduate student:** List project coordinator; others may be included at the PC’s discretion.

This is a research project that your child is invited to take part in. Please take your time in deciding if you will grant permission for him or her to participate. Please feel free to ask questions at any time.

**Introduction**

The purpose of this project is to [Give a general description of the project and the kind of information that it is hoped will be gained using lay person’s terminology. For example, learn more about community attitudes towards a new recreation center; learn if attending preschool gives children an advantage when they start kindergarten, etc.].

Your child is being invited to participate in this project because [Describe the reason they are being asked to participate, any inclusion criteria, in lay person’s terms (e.g., an athlete who is not taking medication, a student in the 5th grade, a 4-H member, etc.).] If applicable, add: He or she should not participate if [Describe any exclusion criteria, also in lay person’s terms.]

This project is funded by [name of funding agency]. (Optional)

**Description of Procedures**

If you allow your child to participate, your child will be asked to [Explain ALL procedures that subjects will be asked to take part in and the information subjects will be asked to provide using lay person’s terminology (e.g., your child will be asked to complete a survey about his or her attitudes towards alcohol use; to walk on a treadmill for 15 minutes and then his or her heart rate and blood pressure will be checked; your child will be asked to visit our lab once per week for the next four weeks to provide 2 teaspoons of blood; etc.)].

Your child’s participation will last for [Include the total expected duration of subjects’ participation, including the estimated amount of time needed to complete each component of the research (when relevant) and the number of visits/contacts needed.].

- The description should be clear and easy to follow. The use of bullet points, section headings, numbered steps, etc., is encouraged if it helps with readability.
- For surveys, interviews, focus groups, include a description of the types/nature of questions subjects will be asked or the topics to be discussed.
- If participation will be video or audio recorded, this must be stated.
- Include the number of visits or contacts for research that involve contact at multiple time points.
Note: The procedures and duration can be combined if desired (e.g., your child will be asked to complete a survey about his or her attitudes toward alcohol use that should take about 20 minutes; your child will be asked to visit our lab once per week for the next four weeks—each visit should last about one hour; your child’s visit to our facility will take about 45 minutes and he or she will be asked to complete an exercise history questionnaire and walk on a treadmill for 20 minutes).

Risks or Discomforts

While participating in this project your child may experience the following risks or discomforts: [List any and all physical, emotional, psychological, legal, pain, inconvenience, and privacy issues. If there are no known risks/discomforts, state that there are no foreseeable risks or discomforts at this time from participating in this project.].

Benefits

If you allow your child to participate in this project, there [may be no/will be no—select the appropriate phrase] direct benefit to you or your child. It is hoped that the information gained in this project will benefit society by [Describe how the information gained in this project will help society, advance knowledge, etc.].

Costs and Compensation

You and your child [will/will not] have any costs from participating in this project. [If there will be costs, state specifically what they will be.] Your child [will/will not] be compensated for participating in this project. If participants will be compensated in any amount, add: You or your child will need to complete a form to receive payment. Please know that payments may be subject to tax withholding requirements, which vary depending upon whether you are a legal resident of the U.S. or another country. If required, taxes will be withheld from the payment that is received.

If the payment is $100 or greater, also include the following language: Your child’s social security number (SSN) and address will be required on the form in order for us to provide payment.

Optional—can be used to explain why the information is needed: This information allows Allen College to fulfill government reporting requirements. Confidentiality measures are in place to keep this information secure. You and your child may forego receipt of payment(s) and continue in the research project if you do not wish to provide your social security number and address. Information regarding documentation required for participant compensation may be obtained from the Allen College IRB Office.

If a person is to receive money or another token of appreciation for their participation, explain when it will be given and any conditions of full or partial payment (e.g., If your child decides to withdraw from the project, he or she will be compensated $5 for each visit.). Completion of all project procedures cannot be required to receive compensation—it is considered coercive to make completion of the entire project the basis for compensation.
If course credit or extra credit will be given to children for participating, please specify the amount of credit. You must also describe alternative methods for earning extra credit besides participating in the research (e.g., writing a research paper, participating in other research projects).

Alternatives to Participation  Omit if not applicable.
When applicable, list the alternative treatments/therapies available to the child.

When course credit is offered to children for participating in the research, describe the availability of non-research alternative ways students can earn the same amount of credit in this section or in the “Costs and Compensation” section above.

Participant Rights
Your child’s participation in this project is completely voluntary. You can choose not to give consent or you can withdraw consent at any time without any penalties or negative consequences. Your child may also choose not to participate or withdraw from the project at any time without any penalties or negative consequences. If the project involves a survey, interview, focus group, or other similar methods, add: Your child can skip any questions that he or she does not wish to answer.

Where applicable, add examples. Try to anticipate concerns that parents or children may have when choosing whether or not to participate. For example, parents should be informed that whether or not their child takes part in a project will have no impact on their experiences or services received at school, medical care, in a given program, etc.

If applicable, list any foreseeable circumstances and/or reasons that the subject’s participation may be terminated.

If you have any questions about the rights of research subjects or research-related injury, please contact the IRB Administrator, (319) 226-2069, IRB@allencollege.edu, or IRB Office Gerard Hall #3, Allen College, 1825 Logan Ave., Waterloo, Iowa 50703.

Confidentiality
Records identifying your child will be kept confidential to the extent permitted by applicable laws and regulations and will not be made publicly available. However, federal government regulatory agencies [list all other applicable groups (e.g., NIH, the sponsor)], auditing departments of Iowa State University, and the Institutional Review Board (a committee that reviews and approves human subject research studies) may inspect and/or copy project records for quality assurance and data analysis. These records may contain private information. If the project is regulated by the FDA, a statement that the FDA may inspect or copy records must be included.

To ensure your child’s confidentiality to the extent permitted by law, the following measures will be taken: [e.g., describe the use of any coding systems, whether identifying information will be
collected or retained, etc. If identifiers will be kept with the data, this must be also stated. Also provide specific details of how data and any identifiers will be kept confidential (e.g., locked filing cabinet, password protected computer files, how access will be controlled, etc.).

Describe the extent to which participants’ identities can or will be kept confidential when results of the project are disseminated. If confidentiality cannot or will not be maintained, participants should be informed of this.]

Questions
You and your child are encouraged to ask questions at any time during this project. For further information about the project, contact [project coordinator’s name and contact information; for a student project, also list the supervising faculty member’s name and contact information and Allen College’s IRB contact information. Contact information should include mailing address, phone number(s) and email addresses].

Consent and Authorization Provisions
Your signature indicates that you voluntarily agree to allow your child to participate in this project, that the project has been explained to you, that you have been given the time to read the document, and that your questions have been satisfactorily answered. You will receive a copy of the written informed consent prior to your child’s participation in the project.

The regulations require that the informed consent document shall be given to the person signing the form.

Child’s Name (printed) ____________________________________________

Printed Name of Parent/Guardian or Legally Authorized Representative

__________________________

Signature of Parent/Guardian or Legally Authorized Representative Date