**Parental Permission/Research Informed Consent Template**

Title of Study: *[insert the full name of the study]*

Researcher's Name [insert name of PI and all co-PIs]

**Purpose**

You are being asked to allow your child to be in a research study at their school that is being conducted by [insert principal investigator’s name and dept/division] from Roger Williams University to [insert general statement about the study]. Your child has been selected because [insert reason for selection].

**Study Procedures**

If you decide to allow your child to take part in the study, your child will be asked to *[Explain in simple, non-scientific terms what the participants will be asked to do as part of the research study]*.

* Describe what tasks the participants will do as part of the research study (e.g. fill out surveys, complete questionnaires, assignment to study groups, etc).
* Describe what the topics of questions will be asked, and whether or not the child has the option of not answering some of the questions and remaining in the study.
* Describe how long the child will be in the study, over what periods of time, how many visits or sessions, how long it will take to complete procedures or interviews during each session.
* Describe where the copies of the materials(questionnaires, interview questions, etc.) will be for the parents to review.

**Benefits** *[select only one of the following statements and delete the one that does not apply*].

* There may be no direct benefits for your child; however, information from this study may benefit other people now or in the future.
* The possible benefits to your child for taking part in this study are [describe any direct benefit to the participant (e.g. information about better coping skills, awareness of available resources.) If there is also an indirect benefit please add: Additionally, information from this study may benefit other people now or in the future.

**Risks** *[select only one of the following statements and delete the one that does not apply*].

* There are no known risks at this time to your child for participation in this study.
* By taking part in this study, your child may experience the following risks [describe, in lay language the risks that are inherent to the study].

There may also be risks involved from taking part in this study that are not known to researchers at this time.

**Costs**

There are no costs to you or your child to participate in this study.

**Compensation**[*select only one of the following statements and delete the one that does not apply*].

* You or your child will not be paid for taking part in this study.
* For taking part in this research study, you <if parent compensated> and/or your child <if child is being compensated> will receive <amount if applicable. [Compensation is anything given as a token of appreciation, (e.g. gift cards, pizza parties, small gifts, candy bars, etc). All payments to participants should be prorated for partial participation. Payment schedule should be listed.].

**Research Related Injuries**

If the risks to the study are no more than minimal (i.e., protocol may be expedited or exempted), this disclaimer, including the header, may be removed if HSRB chair concurs with its elimination.]

In the event that this research related activity results in an injury, treatment will be made available *[indicate how specifically treatment will be met]. I*f you think that you have suffered a research related injury, contact the PI right away at [*insert phone number*].

**Confidentiality**

All information collected about your child during the course of this study will be kept confidential to the extent permitted by law. [*select only one of the following statements and delete the one that does not apply*].

* All information collected about your child during the course of this study will be kept without any identifiers.
* Your child will be identified in the research records by a code name or number. Information that identifies your child personally will not be released without your written permission. However, the study sponsor (if applicable), *[or other designee]* may review your child’s records.

**Voluntary Participation /Withdrawal**

Your child’s participation in this study is voluntary. [If this a one-time study the following sentence can be removed,] You may decide that your child can take part in this study and then change your mind. You are free to withdraw your child at any time. Your decision about enrolling your child in the study will not change any present or future relationships with Roger Williams or its affiliates, your child’s school, teacher, or grades or other services you or your child are entitled to receive.

Questions

If you have any questions about this study now or in the future, you may contact [*insert name of PI*] or one of [*his/her*] research team members at the following phone number [*insert telephone number*]. If you have questions or concerns about your rights as a research participant, the Human Subjects Review Board Director can be contacted at [hsrb@rwu.edu](mailto:hsrb@rwu.edu).

**Consent to Participate in a Research Study**

To voluntarily agree to have your child take part in this study, you must sign on the line below. If you choose to have your child take part in this study, you may withdraw them at any time. You are not giving up any of your or your child’s legal rights by signing this form. Your signature below indicates that you have read, or had read to you, this entire consent form, including the risks and benefits, and have had all of your questions answered. You will be given a copy of this consent form.

**REMOVE ALL LINES BELOW THAT DO NOT PERTAIN TO YOUR STUDY**

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*Print* the Name of the Participant Date of Birth

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Signature of Parent/ Legally Authorized Guardian Date

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*Printed* Name of Parent Authorized Guardian Time

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Signature of Parent/ Legally Authorized Guardian Date

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**\***Signature of Witness (When applicable) Date

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*Printed* Name of Witness Time

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*Printed* Name of **Person Obtaining** Oral Assent (children age 7-12) Date

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Signature of Person Obtaining Consent Date

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*Printed* Name of Person Obtaining Consent Time

**\***Use when parent/guardian has had consent form read to them (i.e., illiterate, legally blind, translated into foreign language).

**REMOVE ALL LINES ABOVE THAT DO NOT PERTAIN TO YOUR STUDY**