PARENTAL PERMISSION FORM TEMPLATE

When creating a parental permission form there are three situations to consider:

1. If both parent and child will participate and child is given a separate assent form.
2. If both parent and child will participate and child is signing the same form as the parent.
3. If only the child is participating and the child will be given a separate assent form.
4. If only an older child is participating and the child will sign the same form as the parent.

These situations change how the consent form is worded concerning who is participating and who is giving voluntary consent or parental permission. You can use this guide with the template for either the social science consent template or the biomedical consent template. You will need to modify references to the subject based on the situations outlined above.

**If both parent and child will participate and child is given a separate assent form:**

The consent form should substitute “you” with “you and your child”.

The procedures part of the consent should make it clear what the parent does versus what the child does.

The consent form should make it clear if parent or teachers will be given access to child’s research data.

Signature line should ask for child’s name, but not his/her signature. The line above the signatures should read, “Your signature below means that you have voluntarily agree to participate in this research study and have given permission for your child to participate.

**If both parent and child will participate and child is signing the same form as the parent**:

Same as above, except the signature line should ask for both parent and child’s signature. The line should read, “Your signatures below mean that you both have voluntarily agreed to participate in this research study and the parent has also given permission for his/her child to participate.”

**If only the child is participating and the child will be given a separate assent form**:

The consent form should substitute “you are” for “Your child is” and substitute “consent form” for “parental permission form”.

The consent form should make it clear if parent(s) or teachers will be given access to child’s research data.

The signature line should state, “Your signature below means that you voluntarily give your permission for your child to participate in this research study.”

**If only the child is participating and the child will sign the same form as the parent**:

You are being asked to participate in a research study and your parent is being asked to provide parental permission. Researchers are required to provide an assent form/parental permission form to inform both of you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researchers any questions you may have. Both of you need to agree for the child’s participation in this study. In this assent/parental permission form, the YOU refers to both you (the participating child) and the YOUR CHILD refers to parental permission.

The consent form should make it clear if parent(s) or teachers will be given access to child’s research data.

The signature line should state, “Your signatures below means that you voluntarily give your permission for your child to participate in this research study and that your child has given his/her assent to participate”

**ONE EXAMPLE OF A PARENTAL PERMISSION/ASSENT FORM**

**Research Participant Information and Consent Form**

You and your child are being asked to participate in a research study. Researchers are required to provide a consent, parental permission and assent form to inform you about the research study, to convey that participation is voluntary, to explain risks and benefits of participation, and to empower you to make an informed decision. You should feel free to ask the researchers any questions you may have.

Study Title:

Researcher and Title:

Department and Institution:

Address and Contact Information:

Sponsor:

**1. PURPOSE OF RESEARCH** ***(This is a required element of consent)***

* You and your child are being asked to participate in a research study of…
* You and your child have been selected as a possible participant in this study because…
* From this study, the researchers hope to learn…*(brief summary of project)*
* Your participation in this study will take about \_\_\_\_\_\_. *(min., hours, wks, mos, or yrs.)*
* *If appropriate:*
  + *Discuss how the researcher got the subjects names.*
  + In the entire study, \_\_\_\_ people are being asked to participate. *(provide number)*
  + *List any cooperating institutions (e.g.,*This study is being conducted collaboratively by Institution A and Institution B.*).*
  + *If your study involves incomplete disclosure or deception, the purpose section may be modified so as not to reveal the true purpose of the study. An alteration of consent must be applied for under Question 24c of the initial application. Submit a debriefing form to be given to the subjects that explains the true purpose of the study. Often times during the debriefing process subjects are asked to re-consent to the research.*

**2. WHAT YOU WILL DO (both parent and child) *(This is a required element of consent)***

* *Discuss what, if anything, the subjects have to do, not do in the study. Clearly delineate what is being done for research. For example, for education research, discuss what the subject has to do for the research and what is done for routine class work.*
* *Describe the procedures chronologically.*
* *If appropriate:*
* *If your questions are going to be sensitive in nature, tell subjects about the types of questions they are going to encounter.*
* *Tell subject if you are going to provide them with any or all findings.*
  + *If the research involves genetic testing, see heading 3 of biomedical consent template.*

**3. POTENTIAL BENEFITS** ***(This is a required element of consent)***

* The potential benefits to you for taking part in this study are…(*describe potential benefits*) **OR** You will not directly benefit from your participation in this study. However, your participation in this study may contribute to the understanding....(*describe overall potential benefits*)
* *Financial compensation, course credit, or other forms of compensation are not considered a benefit of being in the project. This information belongs under heading 7, Costs and Compensation for Being in the Study.*

**4. POTENTIAL RISKS** ***(This is a required element of consent)***

* The potential risks of participating in this study are… **OR** There are no foreseeable risks associated with participation in this study.
  + *Include risks in addition to physical risks, for example, legal, employment, psychological, social, economic, reputation, etc.*
  + *Include risks associated with sensitive questions, for example, distress, or discomfort.*
  + *Include risks of reporting illegal or compromising activities (e.g. sexual behavior).*
* *If appropriate:* 
  + *If the risk is breach of confidentiality, address ways you are going to keep data confidential in the privacy and confidentiality section of the consent form.*
  + *Discuss the availability of referrals, counseling, or other services (e.g. suicide counseling).*
  + *For genetic testing, refer to Heading 5 in the biomedical consent template.*

**5. PRIVACY AND CONFIDENTIALITY *(This is a required element of consent)***

* *Discuss how you will maintain the subject’s privacy throughout the project (e.g. private conversations).*
* The data for this project are being collected anonymously. Neither the researchers nor anyone else will be able to link data to you.**OR** The data for this project will be kept confidential.
  + *If the data are being coded and a key maintained separately, inform the subjects of the process.*
  + *If the data is identifiable (even if you are using a code), it is important to tell the subjects exactly who has access to the data and how you are going to protect their privacy and/or confidentiality)*
* Information about you will be kept confidential to the maximum extent allowable by law….***OR*** *something equivalent such as,* Although we will make every effort to keep your data confidential there are certain times, such as a court order, where we may have to disclose your data.
* *Discuss how you will keep the information about the subject confidential.*
  + *Where will the data be stored and how will it be protected?* 
    - *If the data are being sent somewhere else (e.g. central data base, another institution), discuss.*
    - *If the data are being de-identified, discuss.*
  + *Who will have access to the data? The following entities must be listed:*
    - *Researchers and Research Staff.*
    - *Institutional Review Board (IRB).*
    - *Sponsors, agencies if applicable.- list names of organizations.*
* If appropriate:
  + *In some studies you should discuss required reporting (e.g. child abuse) or other circumstances under which their information will be released (e.g. suicide or homicide)…*unless there is a danger to yourself or others.
  + *For education projects, discuss how the instructors/teachers cannot access identifiable data.*
* The results of this study may be published or presented at professional meetings, but the identities of all research participants will remain anonymous.
* *If data are being collected via the internet, discuss if the data are being collected anonymously or with identifiers. Tell the subject if you are collecting IP addresses or not.*
* *Discuss who will have access to child’s data – will parents? Or teachers?*

**6. Your rights to participate, say no, or withdraw**  ***(This is a required element of consent)***

* Participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You may discontinue participation at any time without penalty or loss of benefits to which you are otherwise entitled.
* You have the right to say no.
* You may change your mind at any time and withdraw.
* You may choose not to answer specific questions or to stop participating at any time.
* *If appropriate:*
  + Choosing not to participate or withdrawing from this study will not make any difference in the quality of any services you may receive.
  + Whether you choose to participate or not will have no affect on your grade or evaluation.
  + You will be told of any significant findings that develop during the course of the study that may influence your willingness to continue to participate in the research.
  + *Provide subject with the possible consequences of withdrawal or incomplete participation, and any instructions associated with the withdrawal.*

**7. COSTS AND COMPENSATION FOR BEING IN THE STUDY** ***(This is a required element of consent)***

* *If appropriate:*
* *Discuss any costs to the subject.*
  + Procedures being performed for research purposes only will be provided free of charge by…
* *Discuss any compensation (amount, timing) to the subject.*
  + You will be compensated….
  + You will receive…
  + You will not receive money or any other form of compensation for participating in this study.
* *For research on students, tell the subject if they will receive credit or extra credit and include amount.*
* *Note for researchers: lotteries, drawings, or raffles may require a state gaming license by law.*

**8. Alternative Options *(If applicable, this is a required element of consent)***

* *If appropriate:*
  + *Discuss any alternatives to being in the research.*
  + *If students are required to obtain research credits, inform them of the equivalent, non-research assignment which may be done in place of research participation.*

**9. THE RIGHT TO GET HELP IF INJURED*****(If applicable, this is a required element of consent)***

* *If appropriate, refer to heading 9 in the biomedical consent template.*

**10. Conflict of INterest *(Include only if applicable)***

* *If appropriate (If there is a conflict of interest), the researcher should disclose this on the consent form (e.g.,Significant financial interests, Affiliation with sponsor).*

**11. Contact Information  *(This is a required element of consent)***

If you have concerns or questions about this study, such as scientific issues, how to do any part of it, or to report an injury, please contact the researcher (name and complete contact information: mailing address, e-mail address, phone number).

If you have questions or concerns about your role and rights as a research participant, would like to obtain information or offer input, or would like to register a complaint about this study, you may contact, anonymously if you wish, the Michigan State University’s Human Research Protection Program at 517-355-2180, Fax 517-432-4503, or e-mail [irb@msu.edu](mailto:irb@msu.edu) or regular mail at 4000 Collins Rd, Suite 136, Lansing, MI 48910.

**12. Documentation of Informed consent.**

Your signatures below mean that you both have voluntarily agreed to participate in this research study and the parent has also given permission for his/her child to participate

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Assenting Child (13-17) Date

You will be given a copy of this form to keep.

***A signature is a required element of consent – if not included, a waiver of documentation must be applied for.***

***13. IF APPROPRIATE***

* *If subjects will be identified, specific permission for identification must be obtained.*
  + I agree to allow my identity to be disclosed in reports and presentations.

Yes  No Initials\_\_\_\_\_\_\_\_\_\_\_\_

* *Inform subjects if they are being audiotaped or videotaped – indicate if this is required to be in the project, if not required, a separate check box with signature or initials is appropriate.*
  + I agree to allow audiotaping/videotaping of the interview.

Yes  No Initials\_\_\_\_\_\_\_\_\_\_\_\_

* *Discuss how the tapes will be stored, protected, and when erased or destroyed.*