**This is a parental/guardian consent template for social, behavioral, and educational research studies.**

* If the parent/guardian is also being asked to participate, change wording to “you and your child” where appropriate
* It must be edited to include study-specific information.
* Remove the italics when study-specific text has been added. The text not italicized should stay in.
* Review the separate template document called “Example Consent Text for Study-Specific Activities” to ensure no other text needs to be included.
* Use plain language, generally at an 8th grade reading level. Avoid jargon and complex terms unless defined. Avoid 1st person.
* You must delete all this red text and reformat before submitting to the IRB

**Parental/Guardian Consent Form**

**Project Title:** *(insert title)*

**Principal Investigator Name:** *(insert PI name and advisor if this is a student-led project)*

**Sponsor:** *(insert sponsor name if sponsored or remove)*

**IRB Assigned Project Number:** *(insert the IRB project number)*

**Key Information About the Study**

Your child is being asked to participate in a research study. The purpose of the research study is *(Provide a brief summary of the purpose of the research. More detail can be included later).* Your child is being asked to *(describe what they are mainly being asked to do).*  Possible benefits include *(include a brief summary here).* Some possible risks may include *(include a list of the most important potential risk(s) in this section).*

Please read this form carefully and take your time. Let us know if you have any questions before giving your child permission to participate. The research team can explain words or information that you do not understand. Research is voluntary and you can choose not to have your child participate. If you do not want your child to participate or choose to start the study then stop later, there will be no penalty or loss of benefits to which your child is otherwise entitled. *(If there are consequences of a subject’s decision to withdraw from the research, explain here, and include the procedures for orderly termination of participation by the subject. If it’s possible their participation may be terminated by the investigator without regard to their consent, explain here)*

**Purpose of the Research**

Your child is being asked to participate in this study because *(describe why they were chosen to participate).* The purpose of the study is to *(insert purpose of the study here).*

*(If there any conflicts of interest to disclose, include here otherwise remove).*

**What will happen during the study?**

Your child is being asked to *(describe all research activities required of them – include lists, bullets, or other organized ways to present the information. Different visits should be separated with clear expectations. List any procedures which are experimental).*

Participation is expected to last *(include expected duration).*

There will be about *(include number of subjects)* participating in this study.

*Only include the following two statements if the study collects biospecimens (i.e. saliva, urine, blood, tissue) – if not, remove all:*

Your child’s biospecimens may be used for commercial profit, but you and your child will not share in this commercial profit. *(If they receive profit, this will need to be edited)*

The research might include whole genome sequencing (i.e. sequencing of a human germline for somatic specimen with the intent to generate the genome or exome sequence of the specimen). *(If this will definitely happen, change “might” to “will”, or remove altogether if it will not happen)*

*Only include the following statement if applicable – if not, remove:*

If we find any clinically relevant research results, including results about your child, we will inform you as soon as possible. *Refer to the “Example Consent Text for Study-Specific Activities” document for relevant text regarding sharing of incidental/research findings.*

**What are the expected benefits of the study?**

Your child may or may not benefit as a result of their participation in the study. Information learned from the study may help other people in the future. *(this is just sample text; it must be edited to describe whether they may expect direct benefits or if there are no direct benefits. Study-specific information must be included here)*

**What are the possible risks of participating in this study?**

There are minimal risks expected when taking part in this study. There are some that we know about and some may not know about yet. Some possible risks include *(this is just sample text; it must be edited to describe potential risks).*

To help lower these possible risks, we will *(describe what is being done to minimize risks to subjects).*

We will tell you about any new important information we learn that may affect your decision to allow your child to continue to participate in this study.

What other choices do I have if I don’t want my child to be in this study?

Your child is not required to be in this study. You can simply choose not to have your child participate. You can look for other research projects your child may be interested in instead of this study. *(list any alternative procedures or courses of treatment, if any, that may be advantageous to the subject).*

Will my child receive compensation for taking part in this study?

*Include one of the following statements – remove the other:*

Your child will not be compensated for taking part in this study.

Your child will be compensated for taking part in this study. For their time and effort, your child will receive *(Include amount, timing, and method of payment. If prorating is necessary, include your proration plan)*

*Only include if SSN is required to collect:*

We will need your Social Security Number in order to pay you. Any payment may need to be reported as income on your tax return. If you are not a resident/citizen (non-resident alien) of the United States, you will need to work with the MU Nonresident Tax Specialist at 573-882-5509.

Are there any costs for participating in this study?

You should not expect any additional costs by letting your child participate in this study. *(If there are any additional costs to the subject that may result from participation, include here)*

Other costs to you from being in this study may include transportation, parking, childcare, and/or time off work.

You should discuss any questions about costs with the researchers before agreeing to participate.

Will information about my child be kept private?

The research team is committed to respecting your child’s privacy and keeping their personal information confidential. We will make every effort to protect their information to the extent allowed by law. Your child’s records will be given a code number and will not contain their name or other information that could identify them. The code number that connects their name to their information will be kept in a separate, secure location. *(remove coding language if information will not be coded)*

When the results of this research are shared, we will remove all identifying information so it will not be known who provided the information. Your child’s information will be kept as secure as possible to prevent their identity from being disclosed. *(this section will need to be edited as needed)*

*If the project collects identifiable information or biospecimens, you must include one (not both) of the following statements – if no identifiers are collected, then remove all this language:*

What we collected from your child as part of this research will not be used or shared for future research studies. It will only be used for purposes of this study.

We may share what we collected from your child as part of this research, after removing their identifiers, for future research without additional informed consent from you.

What if my child is injured during the study? *(Remove this entire section if the study is minimal risk. If industry sponsored, you must use the sponsor’s injury language instead of the language below)*

It is not the policy of the University of Missouri to compensate human subjects in the event the research results in injury.

The University of Missouri, in fulfilling its public responsibility, has provided medical, professional and general liability insurance coverage for any injury in the event such injury is caused by the negligence of the University of Missouri, its faculty and staff. The University of Missouri also will provide, within the limitations of the laws of the State of Missouri, facilities and medical attention to subjects who suffer injuries while participating in the research projects of the University of Missouri.

In the event your child suffered injury as the result of participation in this research program, you are to contact the Risk Management Officer, telephone number (573) 882-1181, at the Health Sciences Center, who can review the matter and provide further information. This statement is not to be construed as an admission of liability.

Who do I contact if I have questions or concerns?

If you have questions about this study or your child experiences a research-related injury, you can contact the University of Missouri researcher at (*insert phone number and email address*).

If you have questions about your child’s rights as a research participant, please contact the University of Missouri Institutional Review Board (IRB) at 573-882-3181 or [muresearchirb@missouri.edu](mailto:muresearchirb@missouri.edu). The IRB is a group of people who review research studies to make sure the rights and welfare of participants are protected.

**Do I get a copy of this consent?**

You will receive a copy of this consent for your records.

We appreciate your consideration for your child to participate in this study.

**Consent to Participate - Signatures**

**Optional Items** *(if the study does not include optional tests/procedures/decisions, remove all options)*

My initials state my choice about the optional tests/procedures/decisions in this study:

I agree to the optional *(include options here – can combine or separate as necessary)*

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

My initials state my choice about allowing my child’s information/biospecimens to be stored and used for future research:

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

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| **Parent/Guardian Signature** | **Date** |

*(If study requires two parent consent, must include an extra subject signature line and date)*

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|  |
| **Child’s Name** |

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| **Relationship to Child** |