Salisbury University Consent

Sample Parent/Guardian Consent for Child or Minor’s Participation in Research

Dear (name of parent or guardian),

I am currently conducting a study on (purpose of proposed research) and would like to invite your child to participate. By participating in the study, your child will (explain briefly the procedures of the study and the child’s involvement. This will need to include information on any recording, videotaping, data collecting. The study (Can adjust based on your research purpose. Example. The survey….) will last approximately (approximate time).

The primary risk involved in your child’s participation is (add risk(s) here). Every attempt will be made to minimalize these risks by (explain how the researcher is going to reduce the identified risks. Example: Storage of data for confidentiality).

The main benefit of your child’s participation is (add benefits of participation here). Findings from this research will be (explain how findings will be used).

Participating in the study is voluntary. Choosing to have your child participate or not in the study will have no impact on them in any way. (Please explain/clarify. Example: Will have no impact on their grade, participation in the program, etc.)

If you give your permission for your child to participate in the study, I will also be getting the okay from your child as well before we start their participation. It is also okay for your child to state that they do not want to participate in the study as well. I will need to have confirmed your consent and your child’s agreement before proceeding with the study with your child.

If your child should have any adverse effects or if you should have concerns or questions about the study, please contact the primary investigator, (enter name here), at (enter contact information) or the Office of Graduate Studies and Research at Salisbury University at 410-548-3549 or toll free 1-888-543-0148. This research is approved by the Salisbury University’s IRB under protocol number (add number).

 (Other contacts can be provided here especially if the research is being conducted in the child’s school. Guidance counselors who are aware of the study and consent to be a contact can be listed as an additional resource.)

Your signature documents your permission for the named child to take part in this research.

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Signature of child Date

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Printed name of child

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Printed name of parent [ ] or individual legally authorized [ ] Date

to consent for the child to participate

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Signature of parent [ ] or individual legally authorized [ ] Date

to consent for the child to participate

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Signature of person obtaining parent permission and assent Date

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Printed name of person obtaining parent permission and assent