**Institutional Review Board**

**Parent/Guardian Permission Form**

(Delete this paragraph in final copy) Please note: Researchers should seek assent whenever possible in research involving minors. At times, this may entail creating a separate consent documents for adults and minors (each written in age-appropriate language) and each must be signed. At other times, guardians may be required to make the decision for the minor. Please be aware that adult participants give *consent*, parents/guardians give *permission*, and minors give *assent*. Your documents should use the appropriate terms.

Protocol Title: Protocol Title

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| Primary Contact Information | Institutional Contact |
| Name of PI/Researcher:  Research Advisor:  Phone Number:  Email Address: | Saint Mary’s University of Minnesota  Institutional Review Board  Dr. Molly O’Connor, IRB Chair  [irb@smumn.edu](mailto:irb@smumn.edu) |

Name of Researcher is seeking your permission for your child to participate in a research study titled Protocol Title. The study is under the supervision of Name of Research Advisor. This project is required for completion of a Degree/Name of Program at Saint Mary’s University of Minnesota.

**What is the purpose of this study?**

Explain the purpose of the study in language understandable to both the adult parent/guardian and the minor who will participate in the study. Suggested beginning statements include: “The purpose of this research study is…” or “We are conducting this research study to learn about…”

**How would my child participate?**

Address the following sections in a way that adult and the minor can understand, as appropriate:

* Describe the procedures the study will use in sequential order.
* If any of the procedures are experimental, you must explain how many groups will be involved in the study, and how participants will be assigned to groups.
* Describe the study design. For example, if the research involves questionnaires, surveys, or interviews, describe the type of questions that will be asked or what topics will be covered.
* Identify anyone with whom the minor would interact
* Describe where the research will be conducted (for example, at school, during a specific course, on their own time online)
* Describe when the research will be conducted
* Describe any responsibilities of the minor (e.g., returning a computer or device lent to them for the study)
* If the research involves use of deception or incomplete disclosure, insert the following suggested statement. Otherwise, delete. “Some research requires that the full purpose of the study not be explained before the student participates. A full explanation will be given to you and the student at the end of the study.”

**Are there any risks to participating in the study?**

Accurately describe any risks involved in participation in the study.

* Risks of participation may include any of the following:
  + Physical
  + Side effects of drugs/devices
  + Psychological
  + Privacy and/or confidentiality risks
  + Legal
  + Social
  + Economic
  + Group or community risks
* If there are no risks associated with the study, you may use the following suggested statement:“Participation in this study does not involve risks beyond those associated with normal day-to-day living.”
* If multiple procedures are used, clearly state risks that may be associated with each procedure.
* Identify steps taken to minimize risks.
* Indicate if there may be unforeseen risks.

**Are there any benefits to participating in the study?**

Generally, there are no benefits to participating in a research study. Unless there are concrete and identifiable benefits to participating, either delete this entire section or insert “There are no benefits to the child for participation in this study.”

**Will the data be confidential?**

Describe the data you will gather about the participant (responses to tasks, observations of behavior, interview transcripts, completed surveys/tests, etc.).

Please refer to your discipline's standards of practice regarding both storage of information (including length of storage required) and methods of discarding data. Note that some disciplines require data retention for up to five years after the study is publicly disseminated. For a study that collects no identifying information, or studies that separate identifying information from other data, you could use a statement similar to the following: “The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify the student. Research records will be stored securely and only researchers will have access to the records. The original data will be destroyed five years after the study is completed.”

If the participant’s voice or image will be recorded, the participant must give explicit consent for this recording. Include a place in this section of the consent form for the guardian to sign their name giving consent for audio or video recording of the interview or other research activity. If this applies to your study, you could use a statement similar to the following: “I agree that the researcher may preserve the child’s voice and/or image. I understand how my child’s voice and/or image data will be used, stored, and destroyed.” Follow with a place for the guardian to sign.

You must also describe the extent to which you will maintain confidentiality of any information that could identify the participant. Provide detail about

* How information will be stored and kept confidential
* How identifying information will be separated from other data
* How identifying information will be avoided in any reports based on the study (use pseudonyms, report data only in aggregate not individually)
* How any reports based on the study will be disseminated (e.g., with the researcher’s advisor or instructor only, at a conference about the topic, in a journal for professionals in the field)
* How and when information will be destroyed or discarded once the data are no longer needed.

**Is participation voluntary?**

Clearly state that participation in this research study is voluntary and that there are no negative consequences for declining to participate. Clearly indicate that the individual can discontinue participation in the study at any time, and that there will be no adverse consequences for stopping participation. You might use the following statement: “Your child is under no obligation to take part in this study. If the child agrees to be in the study, but later changes their mind, they may drop out at any time. There are no penalties or consequences of any kind if the child decides that they do not want to participate.”

* If there are any consequences for when a subject decides to withdraw from the study before it is completed, e.g., \_\_\_\_\_, describe what those consequences are and what the procedures for orderly termination are.
* For interviews, focus groups and surveys, it may be appropriate to inform participants that they are not required to answer each question. You may use the following suggested statement: “The child does not have to answer any question that they do not want to answer.”

Direct any questions on this research project or participation in the project to PI/Researcher and/or Research Advisor.

The Saint Mary’s University of Minnesota Institutional Review Board has reviewed and approved this research project. If at any time before, during, or after the study the child experiences any physical or emotional discomfort because of their participation (or non-participation) please contact us at [irb@smumn.edu](mailto:irb@smumn.edu).

Signing below will allow your child to participate in the study.

If you do not sign and return this form, the researcher(s) will understand that you do not grant permission for your child’s participation, and the researcher will not collect data from the child.

Parent or Guardian Signature Indicating Permission

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor \_\_\_\_\_\_\_\_\_\_ years of age, permit this minor’s participation in the research named above.

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Signature of Parent or Guardian Date

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

Print name here