Note (REMOVE INSTRUCTIONS BEFORE SUBMITTING TO IRB):

**Blue text** in brackets is information that may need to be entered to reflect your project and IRB requirements.

**[Title of Project]**

**Parental Consent for your Child to Participate in Research**

**Purpose of the research:** [PI name], from the [Department of department name or organization name] is conducting a research project on [brief description of topic]. By conducting this research, we hope to learn [briefly describe the purpose of the project]. Your child is being invited to participate in this research because [inclusion/exclusion criteria or how participant was identified]. This consent form contains important information about this project and what to expect if you decide to provide permission for your child to participate. Please consider the information carefully. Feel free to ask questions before making your decision.

\***If your consent is more than 4 pages, include the bulleted Key Information list below** in a concise and focused matter that would assist a prospective participant to understand the research and choose to participate. This presentation of information is to be short. Please summarize information explained later in greater detail. It is **NOT** necessary to repeat information provided in the summary. Address each bullet point.]

\***Key information for you to consider:**

* Description of Project:
* Requirements for Research (e.g. what will they need to do)
* Risks and Benefits
* Alternatives to participating, if appropriate
* Time Commitment of the Participant Participation in this project will take a total of [# of hours] over a period of [include the number of times the participant will be involved in research activities, how long each activity or session will take, etc.]

[**Procedures:** Your child’s participation will involve [explain procedures here; if survey/interview provide examples of questions].

**Time Involvement:** Your child’s participation will take approximately [insert duration].

**Risks & Benefits:** The risks associated with this study are[describe foreseeable risks, if none other than loss of time, please state]. The benefits to participation include[describe direct benefits, if none please state]. The findings from this project will provide information on [explain generalized benefits to society].

**Privacy & Confidentiality of your Information:** The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your child’s individual privacy will be maintained in all published and written data resulting from the study. (If identities will be disclosed, provide details: With your permission, your child’s identity will be made known in written materials resulting from the study.) Data collected will [describe data management and security measures and when data will be destroyed].

**Use of data for future research:** \*If this research study collects identifiable private information, include one of the two following statements. If identifiers are not collected, this future research section may be omitted.

Identifiers will be removed from information collected from your child for this project. After identifiers are removed, the information may be used for future research studies or shared with other researchers without additional parental consent from you.

OR

Private identifiable information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

#### Payment: You will receive [insert payment amount; if payment is per task completed please indicate OR indicate if they will not be paid. Compensation is considered taxable income. Amounts of $600 or more will be reported by University of Wisconsin Oshkosh to the Internal Revenue Service (IRS).]

**Right to Withdraw from the Research:** Your child’s participation in this research is completely voluntary. You have the right to choose whether or not your child will participate and you have the right to withdraw from participation at any time without loss of any service, benefits, or rights you would normally be entitled to. [Add the following for student research volunteers: If you decide that you do not want your child to participate in this study, your choice will have no effect on your child’s academic status or class grade(s). If applicable, discuss the process to withdraw once the project has begun, including how they can request their child’s data not be used for research. If you are using an audio or video tape, please state that the participant’s tape will be destroyed should they decide to withdraw.]

**Questions about Research Study**:

The person in charge of this study [Principal Investigator of the University of Wisconsin Oshkosh, Department of insert]. If you have questions, suggestions, or concerns regarding this study or you want to withdraw from the study please use the following contact information is: [Principal Investigator contact information]

**Independent Contact for Reporting Concerns about Research:**

If you have any questions, suggestions or concerns about your child’s rights as a volunteer in this research, contact staff in the University of Wisconsin Oshkosh Institutional Review Board Office (IRB) at 920-424-3215 or [IRB@uwosh.edu](mailto:IRB@uwosh.edu).

**Consent:**

Participation in this research is voluntary. Your signature [or other method of agreeing such as clicking “I Agree” or returning this survey in the envelope, or participating in the focus group] below indicates that you have read this form [or the form was read to you] and that all questions have been answered to your satisfaction. A copy of this consent form will be provided to you [or indicate how they may save/print if signing electronically or participating in an online study]

[If you are requesting a waiver of documentation of consent (no signature), delete the signature lines below and include a statement if you agree to participate in this research, please click (online study) or check “I agree/yes”.]

**Parent or Legal Guardian Signature:** I agree to allow my child to participate in this research.

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Print Name of Child Print Name of Parent/Legal Guardian

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Signature of Parent/Legal Guardian Date