



## **PARENT/GUARDIAN PERMISSION FOR MINOR STUDENT TO PARTICIPATE IN RESEARCH**

*[Insert title of or descriptive phrase for the study.]*

You are asked to allow your child to participate in a research study conducted by *[insert names and degrees of Principal Investigator]*, from the *[insert the academic or professional affiliation]*. Your child was selected as a possible participant in this study because *[explain why the potential participant is eligible to participate]*. Your child's participation in this research study is voluntary.

### **Why is this study being done?**

*[Using a language that is easily understandable by the participants in the study and and their parents/guardians, avoiding jargon and technical terms state what the study is designed to assess or establish - in approximately 2 sentences]*

### **What will happen if my child takes part in this research study?**

If you agree to allow your child to participate in this study, we would ask him/her to:

*[List and describe the procedures/tests/activities and their frequency chronologically using simple language, short sentences and short paragraphs. Use bullets or number the paragraphs as appropriate. If there are questionnaires or interviews, describe types of questions. If the study will include experimental and non-experimental procedures, please specify which procedures are experimental.]*

### **How long will my child be in the research study?**

*[Short-term/simple study:]* Participation in the study will take a total of about XX hours *[over a period of XX days/weeks]*.

*[Long-term/complex study:]* Your child will be asked to XXX every XXX for *[months, weeks/until a certain event]*. *[When appropriate, state that the study will involve long-term follow-up and specify time frames and requirements of follow-up]*

**Are there any potential risks or discomforts that my child can expect from this study?**

*[List and describe any reasonable foreseeable risks, discomforts, inconveniences, and how these will be managed. If there are no anticipated risks or discomforts, please state, "There are no anticipated risks or discomforts."]*

**Are there any potential benefits if my child participates?**

Your child may benefit from the study ... *[Describe benefits to participants expected from the research. If the participants will not directly benefit from participation, please state, "Your child will not directly benefit from his/her participation in the research."]*

The results of the research may ... *[Describe the potential benefits, if any, to other youth, to science or society expected from the research.]*

**Alternatives to participation**

*If the research includes treatment, please describe any appropriate alternative therapeutic, diagnostic, or preventive procedures that should be considered before the subjects decide whether or not to participate in the study. If applicable, explain why these procedures are being withheld. If there are no efficacious alternatives, state that an alternative is not to participate in the study.*

**Will my child receive any payment if he/she participates in this study?**

Your child will receive... *[describe payment for child and indicate how and when payment will be received. If child and/or parent/guardian will not receive payment, state simply "Your child will receive no payment for his/her participation."]*

**Will information about my child's participation be kept confidential?**

Any information that is obtained in connection with this study and that can identify your child will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of... *[simply and briefly describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it, etc.]*

**Withdrawal of participation by the investigator**

The investigator may withdraw your child from participating in this research if circumstances arise which warrant doing so. *If (describe include examples of the circumstances in which you would withdraw subjects from participation in the research), your child may have to drop out, even if he/she would like to continue.*

The investigator will make the decision and let you know if it is not possible for your child to continue. The decision may be made (*include some examples*).

**What are my rights if my child takes part in this study?**

You can choose whether or not to allow your child to be in this study. If you agree to allow your child to be in this study, you may withdraw your permission at any time without consequences or loss of services of any kind. You are not waiving any of your or your child's legal rights if you choose to allow your child to be in this research study.

**Who can answer questions I might have about this study?**

If you have any questions, comments or concerns about the research, you can talk to your child's Hillcrest Clinician. Please contact [*Clinician*] at [*phone number(s)*].

If you wish to ask questions about your child's rights as a research participant or if you wish to voice any problems or concerns you may have about the study to someone other than the researchers, please call your child's Hillcrest Clinician, Program Director or Program Manager.

**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to allow my child to participate in this study. I have been given a copy of this form.

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Name of Child

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Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian

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Date

**SIGNATURE OF PERSON OBTAINING PARENTAL PERMISSION**

In my judgment the parent or legal guardian is voluntarily and knowingly giving permission for his/her child to participate in this research study.

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Name of Person Obtaining Parental Permission

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Contact Number

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Signature of Person Obtaining Parental Permission

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Date

***PLEASE NOTE: If an in-person parent permission process is not conducted (e.g., permission form is mailed to parent), the "Signature of Investigator" section should not be included on this document. Be sure this method of consent is described in the application.***  
***[DELETE THIS PARAGRAPH BEFORE SUBMITTING FORM]***