**INSTRUCTIONS:** Information provided throughout this form must be presented in sufficient detail relating to the research, and must be organized and presented in a way that does not merely provide lists of isolated facts, but rather facilities the prospective subject’s understanding of the reasons why one might or might not want to participate.

**THE CITY UNIVERSITY OF NEW YORK**

*<insert name of PI’s Affiliated CUNY College>*

*<insert name of PI’s Department>*

**PARENTAL PERMISSION FOR CHILD (AGE up to 12) TO PARTICIPATE IN A RESEARCH STUDY**

**Title of Research Study:** <enter title of study here>

**Principal Investigator:** <enter name and degree(s) of PI here>

 <enter CUNY title of PI here>

|  |  |  |
| --- | --- | --- |
| **Faculty Advisor:**  |  | <enter name and degree(s) of Faculty Advisor here, when applicable>  |
|   |   | <enter CUNY title of Faculty Advisor here> <enter name of Faculty Advisor’s CUNY campus, if different from one listed in consent form heading above> <enter name of Faculty Advisor’s department, if different from one listed in consent form heading above>   |
| **Research Sponsor**:  | <enter name of research sponsor/funder, if applicable>  |

Your child is selected as a possible participant in this research study because <explain why the participant is eligible to participate>.

**Purpose:**

The purpose of this research study is to <accurately explain the purpose of this research study in a few simple sentences, using lay language and avoiding any technical terms and the reason why one might or might not want participate >

**Key Information:**

* The fact that consent is being sought for research and that participation in voluntary;

* The purposes of the research, the expected duration of the prospective subject's participation, and the procedures to be followed in the research;

* The reasonably foreseeable risks or discomforts to the prospective subject;

* The benefits to the prospective subject or to others that may be expected from the research;

* Appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the prospective subject

**Procedures:**

If you agree to allow your child to participate in this research study, we will ask you to do the following:

* <List procedures in chronological order and include:
	+ <List and describe each procedure in lay language, avoiding any technical terms. > o <For each procedure, state time and location where procedure will take place and include approximate time commitment.>
	+ <If procedures will be audio or video recorded or photographed, be sure to indicate which procedures will be recorded and for what purpose.>

* <Use of tables is strongly recommended for complex studies involving multiple visits and procedures. >

* <For research involving surveys or interviews, please be sure to describe the types of questions you will ask. >

**Time Commitment:**

Your child’s participation in this research study is expected to last for a total of <specify study duration>.

**Potential Risks or Discomforts:**

* <List and describe all foreseeable risks or discomforts that the participant may experience due to procedures described above in lay language, avoiding any technical terms. Risks should be described in relation to a specific procedure. >

* <Use of tables is strongly recommended for complex studies involving multiple procedures.>

* <If there are risks that might cause the researcher to withdraw the participant from participation in the research, please describe the circumstances under which this may occur; and describe the procedure for withdrawing the participant. >

* FOR GREATER THAN MINIMAL RISK RESEARCH STUDIES ONLY: Research procedures described above may involve risks that cannot be anticipated at this time. If we learn of anything that may affect your decision to participate, we will inform you as soon as possible. You will then have a chance to reconsider your child’s continuing participation in the research.

**Potential Benefits:**

* <Describe any potential benefits to the participant. If the participant will not directly benefit, state, “You will not directly benefit from your participation in this research study.”>

* <Describe expected benefits to science or society in lay language, avoiding any technical terms.>

**Alternatives to Participation:**

NOTE: This section is ONLY required for: i) research that involves treatment (behavioral, physical, or otherwise); OR ii) research for which participants are recruited from student subject pools.

* <For research that involves treatment: Describe any alternative therapeutic, diagnostic, or preventive procedures that should be considered before the participant decides whether to participate in the research. If applicable, explain why any standard of care procedures are being withheld. If there are no efficacious alternatives, state that an alternative is not to participate in the research.>

* <For research involving recruitment from student subject pool: Describe alternatives to participating in the research study (e.g., to write a paper or participate in another research study to receive course credit). This section should include only those alternatives previously approved by the CUNY UI-IRB as part of the IRB application for the subject pool(s). Please contact the individual(s) responsible for administration of the subject pool(s) if you have any questions about approved alternatives.

**Costs**

NOTE: This section is ONLY required when subjects will bear some costs due to participation in research.

<Describe any costs to subjects that may result from their participation in research.>

**Payment for Participation:**

<Describe any payment that the participants may receive for their participation, whether in cash or in kind, and indicate when the payment will be made. >

OR state:

Your child will not receive any payment for participating in this research study.

**Research Related Injury**

NOTE: This section is ONLY required for research studies that pose greater than minimal risk to participants.

<Provide an explanation as to the availability of medical treatment in the case of research-related injury, including who will pay for the treatment and whether other financial compensation is available.>

**Confidentiality:**

We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify your child. We will disclose this information only with your permission or as required by law.

We will protect your child’s confidentiality by *<describe how you will safeguard identifiable participant data, including any coding procedures, where data will be stored, who will have access to the data, etc.>*

<If you are a mandated reporter, and this research study may result in information that you are mandated to report, describe the possibility of such disclosures here.>

The research team, authorized CUNY staff, the research sponsor (include only when applicable), and government agencies that oversee this type of research may have access to research data and records in order to monitor the research. Research records provided to authorized, non-CUNY individuals will not contain identifiable information about your child. Publications and/or presentations that result from this study will not identify your child by name.

<**If the research involves collection of identifiable private information or identifiable biospecimens**, **you MUST** include one of the following:>

We might remove identifiers from the information (or biospecimens (include biospeciemns only when applicable)) collected from your child as part of this study and use it for future research studies or distribute it to another investigator for future research studies without additional informed consent.

OR

The information (or biospecimens (include biospeciemns only when applicable)) we collect from your child as part of this study will not be used or distributed for future research.

**Participants’ Rights:**

* Your child’s participation in this research study is entirely voluntary. If you decide not to allow your child to participate, there will be no penalty to you, and you or your child will not lose any benefits to which you are otherwise entitled.

* You can decide to withdraw your permission and stop your child from participating in the research at any time, without any penalty.

**Questions, Comments or Concerns:**

If you have any questions, comments or concerns about the research, you can talk to one of the following researchers:

<List names, titles, and contact information for each of the researchers, as appropriate>.

If you have questions about your child’s rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918. Alternatively, you may write to:

CUNY Office of the Vice Chancellor for Research

Attn: Research Compliance Administrator

205 East 42nd Street

New York, NY 10017

**Signature of Parent(s) or Legal Guardian:**

If you give permission for your child to participate in this research study, please sign and date below. You will be given a copy of this form to keep.

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| Printed Name of Parent or Legal Guardian     |   | Printed Name of Child Participant  |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |   | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| Signature of Parent or Legal Guardian  |   | Date  |

<Insert signature lines for second parent when required by IRB for your protocol>.

**Signature of Individual Obtaining Parental Permission**

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Printed Name of Individual Obtaining Parental Permission

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Signature of Individual Obtaining Parental Permission Date