|  |
| --- |
| Instructions for use of this template: * Use this template to create a **parental permission form** for parents/guardians to give permission for their children aged 12 or younger to participate in a research study. There is a separate template for a combined parental permission and child assent form for children aged 13-17 (see <https://www.cuny.edu/research/research-compliance/human-research-protection-program/hrpp-policies-procedures/>)
* CUNY has two ways to construct a parental permission form from a template:
1. A comprehensive version – **this version** – that includes language for most possible components of a study – the user deletes all inapplicable language and sections.
2. A simplified version – two separate documents – that includes language for the most common situations – the user adds in any additional applicable language from the “applicable language” document – the simplified version can be found at <https://www.cuny.edu/research/research-compliance/human-research-protection-program/hrpp-policies-procedures/>
* Red text within [square brackets] provides instructions on whether a section is needed or should be deleted.
* Red *italicized* text within <pointed brackets> provides instructions on the content of study-specific information that must be provided. Actual wording should be in black and not italicized.
* All added information should be in simple sentences in lay language, avoiding or defining technical terms.
* If the submitted version omits or substantially edits a required element, be sure that the IRB application explains the omissions or edits and includes a request for an alteration of consent if applicable.
* Headings may be omitted if the form is comprehensible without them, and wording in black at the start of a sentence completed by the use may be modified for clarity.
* The submitted version of the permission form should have all red text deleted, including this instructions box.
* See “CUNY HRPP Policy: Consent Process and Documentation” and “CUNY HRPP Policy: Children as Research Subjects” for additional information
 |

**THE CITY UNIVERSITY OF NEW YORK**

**PERMISSION FOR A CHILD TO PARTICIPATE IN A RESEARCH STUDY**

*<enter name of subject population if >1 permission form for the study>*

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

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

 *<enter CUNY title of PI>*

 *<enter CUNY department and college of PI>*

[Include if there is a Faculty Advisor; otherwise, omit section] **Faculty Advisor:**   *<enter name and degree(s) of Faculty Advisor, if applicable>*

*<enter CUNY title of Faculty Advisor>*

 *<enter CUNY department and college of Faculty Advisor, if different from PI’s>*

[Include if there is a Sponsor; otherwise, omit section] **Research Sponsor**: *<enter name of research sponsor/funder>*

[Include **only if** entire permission form, not counting the signature page, exceeds 5 pages; otherwise, omit entire Key Information section] **Key Information**

* You are being asked to give your permission for your child to participate in a research study because *<explain why the participant is eligible to participate>*
* It is your decision if you would like to give permission. Participation is completely voluntary, and you are free to withdraw your permission at any point in time.
* The purpose of this research study is *<briefly explain the purpose of the research study>*
* If you agree for your child to participate, your child will <*outline the main procedures to be followed in the research and include the expected duration of the prospective subject's participation*>
* [Include if the study uses surveys, questionnaires, interviews, or focus groups; otherwise, omit bullet] Your child may refuse to answer any questions that they do not want to answer and still remain in the study.
* One risk of participating is a breach of confidentiality. [Include if there are other reasonably foreseeable risks described in the permission form; otherwise, omit sentence] Other main risks or discomforts are <*describe the major reasonably foreseeable risks or discomforts to the prospective subject*>. More information about risks can be found later in this form
* [Include if there are no direct benefits; otherwise, omit bullet] You and your child will not directly benefit from your participation in this research study.
* [Include if there are direct benefits; otherwise, omit bullet] Your child might benefit from participation in this research study because <*describe the potential direct benefits to the prospective subject – note that payment is not a benefit*> Other ways your child could get these benefits are <*describe appropriate alternative procedures or courses of treatment*>

**Overview**

* You are being asked to give permission for your child to join a research study. This form gives you important information that will help you decide whether or not to give permission. It describes what would happen to your child in the study, and helps you understand the reasons why you might or might not want them to participate.
* [Include if child subjects may be between 3 and 13 years old; otherwise, omit bullet] Your child will be asked to agree to be in the study if they are 3 or older.
* To participate, your child must *<briefly describe inclusion/exclusion criteria>*.
* [Include if the study is greater than minimal risk; otherwise, omit bullet] Approximately *<number>* individuals are expected to participate in the study [include if this is a multisite study; otherwise, omit phrase], *<number>* at CUNY and*<number>* at other sites.
* [Include if the study involves deception or incomplete disclosure with prospective agreement for the deception or incomplete disclosure, choose 1., 2., or 3 (changing the number to a bullet); otherwise, omit bullet]
1. For scientific reasons, this form does not include complete information about the purpose of this research. You will be fully debriefed following your child’s participation in the research.
2. We cannot tell you every detail of this study ahead of time, but if you are willing to allow your child participate under these conditions, we will explain the procedure to you fully after your child’s participation.
3. Research designs often require that the full intent of the study not be explained prior to participation. Although we have described the general nature of the tasks that your child will be asked to perform, the full intent of the research will not be explained to you until after the completion of the study. At that time, we will provide you with a full debriefing, which will include an explanation of the purpose of the research and other relevant background information pertaining to the research. You will also be given an opportunity to ask any questions you might have.

[Include if a financial conflict of interest exists; otherwise, omit section] **Disclosure of Financial Interests**

* *<Describe conflict, such as payment from the sponsor of the research, intellectual property rights associated with the research, ownership of equity associated with the research, etc.>*. You may ask a member of the study team if you have questions about these financial interests.

**Purpose**

The purpose of this research study is *<explain the purpose of the research study>*

**Procedures**

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

* *<Describe each procedure as a separate bullet. Identify any therapeutic procedures that are experimental. For each procedure, state when and where procedures will take place and include approximate duration. Include a description of the types of questions that will be asked in surveys, interviews, or focus groups. Use tables for complex studies involving multiple visits and procedures. For research that involves collection of biospecimens, specify type, collection method, analysis plan, etc. >*
* [Include if the study involves randomization; otherwise, omit bullet] Randomization is a procedure used to assign research participants by chance to one of two or more groups. It is used to make sure that study results are not influenced by the selection of participants in one group as compared to another. In this research, your child has a *<x>* chance of being assigned to one of the following groups: *<define each group and related procedures>*
* [Include if the study involves a request to obtain existing information about or biospecimens from subjects; otherwise, omit bullet] We would like to get some information about your child and biospecimens from your child <*include biospecimens only when applicable>* from *<list source of information or biospecimens>*. The information we will get is *<list information or biospecimens>.* We will use the information to *<describe reason for obtaining information or biospecimens>.* Your child can still be in this study if you do not agree to let us get this information and biospecimens <*include biospecimens only when applicable>*.
* [Include if the study will collect biospecimens; otherwise, omit bullet] As mentioned above, we will collect somebiological samples from your child. [Include if genetic testing will NOT be done; otherwise, omit sentence] We will not do any genetic testing on your child’s <*specify type of samples>*. [Include if genetic testing WILL or MIGHT BE done; otherwise, omit sentence] We will do the following genetic testing on your child’s <*specify type of samples>*: *<describe what tests will be performed and what will be done with the information. If more than one type of biological sample is collected, describe what genetic tests will be done on each sample. Include whether the testing includes whole genome sequencing and whether genetic counseling resources are available>*.
* [Include if the study will collect data relevant to the physical or mental health of the participant; otherwise, omit bullet] Some of the information we collect may be relevant to your child’s health, including *<list measurements>*. [Include if the information WILL be communicated to the participant; otherwise, omit sentence] We will tell you the results *<describe what information will be disclosed and how>*. [Include if the information will NOT be communicated to the participant; otherwise, omit sentence] We will not tell you the results because *<describe why no information will be disclosed>*.

[Include if the study involves any recording – edit heading as applicable; otherwise, omit section] **Audio Recording/Video Recording/Photographs** *<only include those that apply>***:**

* *<Describe which procedures will be recorded, for what purpose, and whether recording is optional. For example, “To ensure the accuracy of our findings, your child’s interview will be audio recorded for later transcription and review by the research team. Your child can still/cannot participate in this study if you do not agree to audio recording.”>*
* [Include if parents will review recordings or transcripts; otherwise, omit bullet]You may review the recording/photographs/ transcripts *<only include those that apply>* for accuracy. If you wish to do so, *<describe the process for review>.*
* *<Describe who will have access to the recordings/transcripts for research, educational, or other purposes; and if/when they will be erased.>*

**Time Commitment**

* [Include if subjects will complete procedures only once; otherwise, omit bullet] Your child’s participation in this research study consists of *<describe procedure>*. This will take about *<specify length of procedure>*.
* [Include if subjects will complete procedures more than once; otherwise, omit bullet] Your child’s participation in this research study consists of *<describe procedures and total number>*. Each *<procedure>* will take about *<specify length of procedure, repeat sentence for multiple procedures>*. Your child’s total participation in this research study is expected to last for about *<specify study duration>.*

**Potential Risks or Discomforts**

* We will do our best to protect the information we collect from your child. However, there remains a risk that someone not involved in the research could access your child’s data. The measures we are taking to reduce the risk are discussed in the **Confidentiality** section below.
* [Include if the study includes surveys, questionnaires, interviews, or focus groups with questions that might cause discomfort; otherwise, omit bullet] Some of the questions the researchers ask your child may be upsetting, or your child may feel uncomfortable answering them. If your child does not wish to answer a question, they can skip it and go to the next question. [Include if the study will provide resources to mitigate psychological risk from surveys, questionnaires, interviews, or focus groups; otherwise, omit sentence] These are some of the resources that can help if your child feels upset: <*list resources>*
* [Include if the study will provide resources to mitigate psychological risk from procedures other than surveys, questionnaires, or focus groups; otherwise, omit bullet] Some of the research procedures may cause your child to feel upset. These are some of the resources that can help your child: <*list resources>*
* *<Describe other reasonably foreseeable risks or discomforts (if any) that the participant may experience due to study procedures as separate bullets>*
* [Include if the study is greater than minimal risk; otherwise, omit bullet] Research procedures described above may involve risks that cannot be anticipated at this time.
* [Include if the study involves MRI scans; otherwise, omit bullet] There is a possibility that the MRI scans taken as part of this research study will show an abnormality that we did not expect to see. This is called an "incidental finding." If the researchers suspect an incidental finding they may consult a radiologist. Depending on the nature of the incidental finding, the researchers may provide the radiologist with the scans (but will remove any identifying information to ensure participant privacy.) You will be informed of any incidental findings, as well as any context provided by the radiologist in the event they are consulted. Please be aware, however, that research staff are not trained medical doctors and may not have the skills to detect incidental findings and/or make diagnoses. Furthermore, the quality and types of MRI images that are taken as part of this study may not be sufficient to make clinical diagnoses. An incidental finding may be meaningless, but you may want to talk to a medical professional to find out. If there is an incidental finding and you decide that your child should have further examinations, tests, and/or treatments, you and/or your insurer will be responsible for any costs of such examinations, tests, or treatments.
* [Include if the researcher might withdraw the participant from the research without regard to parental permission; otherwise, omit bullet]Your child might have to stop being in the study even if you want them to continue. This might happen *<describe the circumstances under which this may occur (for example, “if your child does not follow study instructions”, “if we determine that staying in the study is not in your child’s best interests”).>*
* [Include if there are any risks or health consequences of a decision to withdraw from the study or any necessary procedures for withdrawing; otherwise, omit bullet] You are free to have your child stop participating at any time without giving a reason. If your child stops early, *<list risks of withdrawing>*. We ask that you let us know if you do not want your child to continue, so can do some things to help keep them safe. These things include *<list procedures for orderly withdrawal>*.

**Confidentiality**

* We will make our best efforts to maintain confidentiality of any information that is collected during this research study. We will protect your child’s confidentiality by *<describe how you will safeguard participant data, including any coding procedures, where data will be stored, who will have access to the data, etc.>*
* [Include if the study involves self-administered or video/phone surveys, questionnaires, interviews, etc.; otherwise, omit bullet] Please be sure to help your child choose a private and safe location for the *<describe procedures that require privacy>*
* [Include if the study involves focus groups; otherwise, omit bullet]All focus group participants will be asked not to share the information discussed during the group discussion with anyone outside of the group. However, complete confidentiality cannot be guaranteed.
* [Include if any member of the study team is a mandated reporter, and this research study may result in information that they are mandated to report; otherwise, omit bullet]Disclosure of information obtained from your child may be required by federal, state, or local law. In this study, we will have to report *<describe the possibility of mandated disclosures, such as child abuse and neglect, or harm to self or others >*
* [Include if the study has a Certificate of Confidentiality; otherwise, omit bullet]We have obtained for this project a Certificate of Confidentiality from the National Institutes of Health, which offers federal legal protection against forced disclosure of your child’s personal identifiable information. This means that the researchers may not release or use your child’s personal information in a court, police, or immigration authority proceeding unless you say it is OK. However, the Certificate does not stop reporting required by the law, such as for child or elder abuse, or threats of self-harm or harm to others. [Include if the study has a Federal sponsor or is under FDA jurisdiction; otherwise, omit sentence] The Certificate also does not prevent us from providing your child’s information to the sponsor of this research for auditing or program evaluation purposes. You are free to see your child’s data from this project and to share your data with others.
* [Include if the study gathers information on suicide ideation or attempts; otherwise, omit bullet] Some of the questions ask about self-harm. Please make sure your child knows to call 988 or visit <https://988lifeline.org/> if they are having thoughts of suicide or self-harm. If we obtain information that your child is in immediate danger of hurting themself at any time, the study team will <*describe follow-up plan>*. Because study staff will be trying to protect your child, it is possible that your child’s information will be shared with others *<describe how and the extent to which the subjects’ participation and responses will be kept confidential>*.
* 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.
* Publications and/or presentations that result from this study will not identify your child by name.
* [Include if the study involves collecting genetic information; otherwise, omit bullet] The federal Genetic Information Nondiscrimination Act (GINA) prevents discrimination on the basis of genetic information. GINA applies to health insurance companies and group health plans in determining your child’s eligibility or premiums. GINA also applies to employers with 15 or more employees in making employment decisions. GINA does not protect your child against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance. These companies may legally ask whether your child has had genetic testing and deny coverage for refusal to answer this question.
* Include if the study is or will be registered on ClincalTrials.gov; otherwise, omit bullet] A description of this clinical trial will be available on <http://www.clinicaltrials.gov/>, as required by U.S. Law. This Web site will not include information that can identify you. At most, the Web site will include a summary of the results. You can search this Web site at any time.

[Include if information will be collected or processed from individuals while they are physically located in a European Economic Area (EEA) country or if personal data collected from such individuals is transferred from an EEA country to a country outside of the EEA (note that this requires that the permission form be signed); otherwise, omit section] **European General Data Protection Regulation (GDPR)**

* **GDPR General statement**

Personal information about your child is being collected by CUNY for the purposes set forth in this research “Permission Form”. Your child’s personal information will be retained for the period necessary to fulfill the purposes outlined in the Permission Form or for a longer period as permitted or required by law. Access will be limited to those who need this information to fulfill these purposes.

* **GDPR Rights**

Your child’s personal data will be treated in compliance with applicable data protection laws. In addition to being regulated by applicable US laws, if your child resides in the European Economic Area during their participation in the research study, your child’s “study data” may also be subject to the protections afforded by the European General Data Protection Regulation (“the GDPR”). Subject to applicable laws, these rights include:

* The right to request access to your child’s personal information that they have provided;
* The right to request that your child’s personal information be corrected if inaccurate;
* The right to request the deletion of your child’s personal data, subject to certain limits regarding the integrity of the study and other legal requirements;
* The right to withdraw permission; even if you withdraw permission, we will continue to process your child’s personal information as allowed by European Union and/or EEA member state law and as required to comply with regulatory requirements applicable to the conduct of the study.
* The right to file a complaint with a data protection authority. Please notify the CUNY Research Compliance Administrator at 646-664-8918 or email HRPP@cuny.edu if you have a complaint related to the protection of your child’s data in this study.
* **GDPR Data Transfer**

Information collected and transferred to the University will take place with the required safeguards to ensure data protection. If you give permission for CUNY to share your child’s data with another institution, the institution receiving your child’s information will be required to protect your child’s data according to applicable laws.

* [Include if you are obtaining explicit permission to process special categories of personal data – see categories below] **GDPR Special Categories of Personal Data to be Collected**

As a participant in this research, the researcher will collect information about your child which includes *<add applicable categories: information about racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership, the processing of genetic data biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person’s sex life or sexual orientation>*. By signing this Permission Form, you give explicit permission for the processing of these specific categories listed above.

**Future Use**

* [Include if individual-level data will not be used or shared for future research, even if identifiers are removed; otherwise, omit bullet] The information and biospecimens <*include biospecimens only when applicable>* that we collect from your child as part of this study will not be used or distributed for future research.
* [Include if data might be used or shared for future research and there is not a formal data sharing plan; otherwise, omit bullet] We might use the information and biospecimens <*include biospecimens only when applicable>* collected from your child as part of this study for future research by the researchers of this study and by other researchers <*include other researchers only when applicable>*. Your child’s information and biospecimens <*include biospecimens only when applicable>* will have a code instead oftheir name or other information that could identify them. You will be asked later in this form about your choice of whether or not to allow this future use.
* [Include if the study has a formal data sharing plan; otherwise, omit bullet] We would like to keep the information and biospecimens <*include biospecimens only when applicable>* we collect from your child and make it available to other researchers. Your child’s information and biospecimens <*include biospecimens only when applicable>* will have a code instead oftheir name or other information that could identify your child. Other researchers must agree not to try to find out your child’s identity. [Include if the data will be entered into a formal database or repository; otherwise, omit sentence] Your child’s information and biospecimens <*include biospecimens only when applicable>* will be entered into *<identify database or repository>*. [Include if the data to be shared includes genomic data; otherwise, omit sentence] The information includes data about your child’s genetic material, and there is a chance that this can be used to identify your child, now and in the future. Future researchers must obtain approval from *<entity>* to access your child’s data and biospecimens <*include biospecimens only when applicable>*. Later in this form, you will be asked whether or not you agree to this future use of your child’s research data and biospecimens <*include biospecimens only when applicable>*.

**Potential Benefits**

* [Include if the study has potential direct benefits to the participant; otherwise, omit bullet] *<Describe any potential benefits to the participant, including if there is a control group that would not be expected to benefit.>* However, your child may not receive any benefit from their participation in this research study.
* [Include if the study has no potential direct benefit; otherwise, omit bullet]Your child will not directly benefit from their participation in this research study.
* The knowledge gained from this study may help *<describe expected benefits to science or society>*

[Include if the study has the potential to directly benefit the participant; otherwise, omit section] **Alternatives to Participation**

* [Include if the study involves a direct benefit; otherwise, omit bullet] *<Describe any alternative therapeutic, diagnostic, or preventive procedures that should be considered before the parent/guardian decides whether to allow their child to participate in the research.>*

**Costs**

* [Include if participants will bear some costs due to participation in research; otherwise, omit bullet] If your child participates in the study, *<describe any costs that may result from participation in the study.>*
* [Include if participants will not bear any costs due to participation in research; otherwise, omit bullet] There will be no cost to you if your child participates in this research study.

**Payment for Participation**

* [Include if parents or children will receive payment, monetary or non-monetary; otherwise, omit bullet] *<Describe the payment. Include the type of compensation (cash, check, gift card – specify the type of gift card, course credit, etc.), the amount for full and for partial completion of the study (or for raffles, the amount and odds of receiving payment), when participants will receive compensation for full and for partial completion of the study, how participants will receive compensation (in person, electronically, etc.), and the maximum total amount that a participant could receive (if more than one payment). For example, “You will be given a $20 Amazon gift card immediately at the end of each in-person study session that your child completes. If your child leaves a session early, you will be given a $10 Amazon gift card when they leave. You will receive a $10 Amazon eGift card by email or text within one week after your child completes each follow-up electronic survey, and a $5 Amazon eGift card if your child ends a survey early. The total amount that you would receive if you child completes all sessions and surveys is $120.”>*
* [Include if participants will not receive payment; otherwise, omit bullet] You and your child will not receive any payment for your child’s participation in this research study.
* [Include if the research collects biospecimens and could lead to commercial products; otherwise, omit bullet]The use of the <*specify type>* biospecimens we collect from your child may lead to new tests, drugs, devices, or other products or services with commercial value. These products or services could be patented and licensed. There are no plans to provide any payment to you should this occur.

[Include if the study is greater than minimal risk; otherwise, omit bullet] **Research Related Injury**

* If you believe your child has experienced a research-related injury, please contact the Principal Investigator using the contact information in the Questions, Comments, or Concerns section below. For medical emergencies, contact 911.
* *<Describe 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. For example:* “*If, as a result of your child’s participation, they experience injury from known or unknown risks of the research procedures as described, medical care will not be provided by the research team. You should contact a medical care provider directly. Neither CUNY nor the research team will provide financial compensation or coverage for medical expenses resulting from research related injury.”>*

[Include unless the study the study does not collect participants’ contact information; otherwise, omit section] **New Information:**

If we learn of anything that may affect your decision to allow your child 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

**Participants’ Rights:**

* Your agreement to allow your child to participate in this research study is entirely **voluntary**. If you decide not to allow your child to participate, there will be no penalty to you or your child, and you and your child will not lose any benefits to which you or they 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. [Include if participants will receive payment; otherwise, omit bullet] You will not be paid for the study activities that your child does not participate in after withdrawing.
* You are not giving up any of your legal rights by agreeing to participate.

**Questions, Comments or Concerns:**

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

* *<List name, title, and contact information for at least one researcher.>*
* [Include if the study has a Faculty Advisor; otherwise, omit bullet] *<List name, title, and contact information for Faculty Advisor>*

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 or email HRPP@cuny.edu.

[Include if data/specimens will be used or shared future research; otherwise, omit section] **Parent Choice for Future Use of Information and Biospecimens** <*include biospecimens only when applicable>*

Please indicate below if you permit the researchers to use your child’s information and biospecimens <*include biospecimens only when applicable>* as described above for future research.

\_\_\_\_\_\_ I agree to allow my child’s information and biospecimens <*include biospecimens only when applicable>* to be used by the researchers of this study for future research.

\_\_\_\_\_\_ I agree to allow my child’s information and biospecimens <*include biospecimens only when applicable>* to be shared with other researchers for future research.

 \_\_\_\_\_\_ I do **NOT** agree to allow my child’s information and biospecimens <*include biospecimens only when applicable>* to be used for future research.

[Include if asking permission for future contact; otherwise, omit section] **Parent Choice for Future Contact**

Please indicate below if you permit the researchers to contact you in the future about your child’s participation in other research studies.

\_\_\_\_\_\_ I agree to allow the researchers to contact me for future research studies.

\_\_\_\_\_\_ I do **NOT** agree to allow the researchers to contact me for future research studies.

[Include if asking permission for obtaining existing information or biospecimens about subject; otherwise, omit section] **Parent Choice for Access to Existing Information and Biospecimens** <*include biospecimens only when applicable>*

Please indicate below if you permit the researchers to obtain existing information about your child and biospecimens from your child <*include biospecimens only when applicable>* as described above in this form.

\_\_\_\_\_\_ I agree to allow the researchers to obtain my child’s information and biospecimens <*include biospecimens only when applicable>*.

\_\_\_\_\_\_ I do **NOT** agree to allow the researchers to obtain my child’s information and biospecimens <*include biospecimens only when applicable>*.

[Include if recording will occur but recording is not required for participation; otherwise, omit section] **Parent Choice for Audio Recording/Video Recording/Photography** *<only include those that apply>*

Please indicate below if you permit the researchers to record your child as described above in this form.

\_\_\_\_\_\_\_\_\_ I agree to audio recording/video recording/photography *<only include those that apply>.*

**\_\_\_\_\_\_\_\_\_** I do **NOT** agree to audio recording/video recording/photography *<only include those that apply>.*

[Include if parent will sign the permission form, either physically or electronically (add specific directions as necessary for electronic signatures); otherwise, omit section] **Signature of Parent:**

If you agree to allow your child to participate in this research study, please sign and date below. You will be given a copy of this permission form to keep. Your signature indicates that:

* You have read this form
* You have had your questions answered
* You voluntarily agree to allow your child to take part in this research study [include if recording is required to participate; otherwise, omit phrase], including audio recording/video recording/photography *<only include those that apply>*

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

Printed Name of Child Age of Child

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

Printed Name of Parent/Guardian Relationship to Child

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

Signature of Parent Date

[Include if the individual obtaining permission will sign the permission form, either physically or electronically; otherwise, omit section] **Signature of Individual Obtaining Permission**

I have provided this parent with information about this study that I believe to be accurate and complete. I believe that the parent understands the nature of the study, including the risks and benefits of their child participating.

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

Printed Name of Individual Obtaining Permission

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

Signature of Individual Obtaining Permission Date

[Include if parents will NOT sign the permission form; otherwise, omit section] **Agreement to Allow Your Child to Participate:**

If you agree for your child to participate in this research study, <*describe next step, such as “click on ‘I Agree’ / ‘Next’ below”, “tell the researcher”, “begin answering the questionnaire”, etc.>* [Include if the parent should print a copy themself; otherwise, omit sentence] Please print a copy of this permission form for your records. [Include if the parent will be given a paper copy of the permission form; otherwise, omit sentence] You will be given a copy of this permission form.

Your agreement indicates that:

* You have read this form
* You have had your questions answered
* You voluntarily agree for your child to take part in this research study