

**Parent/Guardian Permission Form**

**[This is a *sample* parent/guardian permission template (no one may “consent” for another person) when research involves minors. Researchers may make edits according to the needs of the specific protocol. Complete all highlighted information, then delete highlighting and this statement.]**

**TITLE:** [Title of the Research Project]

**INVESTIGATOR:** [Your name, Department, College/School, phone number(s)]

**ADVISOR: (if applicable)** [Your Advisor's name, Department, College/School, office phone and email]

**PURPOSE:** Your child is being asked to participate in a research project that seeks to investigate **[explain in a short sentence the goal of the project]**. Your child will be asked to complete **[explain briefly the specific tasks participants will do, as well as the time involved].**

**SOURCE OF SUPPORT:** This study is being performed as partial fulfillment of the requirements for the **[doctoral or masters]** degree in [ ] at Seattle University. **OR,** This study is supported by a grant from [ ], **OR,** write “None.”

**RISKS:** There are no known risks associated with this study. However, your child might experience **[describe any reasonably foreseeable risks and/or discomforts, including physical, psycho-social, or legal. Also, note arrangements you’ve made to avoid/minimize such risks.]**

**BENEFITS:** **[Describe any benefits to the individual subject, community, or to scientific knowledge.]**

**INCENTIVES: [State whether the participants will be compensated. If there will be no incentives, state: “Your child will receive no incentives for this study.”]** Participation in the project will require no monetary cost to you or your child.

**CONFIDENTIALITY: [Explain whether you will collect children’s names or other identifiers (demographics) in connection with the data. If not, state that fact.]** Your child’s name will never be used in any public dissemination of these data (publications, presentations, etc.). **[If you will not collect names at all OR if you may include names, omit the previous sentence.]** All research materials and consent forms will be stored **[explain data protection: electronic encryption, locked cabinet, etc., and indicate who will have access to the data]**. Human subjects research regulations require that data be kept for a minimum of three (3) years. When the research study ends, all identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be confidential. However, if we learn your child intend to harm him/herself or others, we must notify the authorities.

**RIGHT TO WITHDRAW:** Your child’s participation in this study is *voluntary*. He or she may choose to withdraw at any time without penalty. Or you may withdraw your permission for your child to participate in this study. Withdrawal at any point will not influence any other services to which he or she may be otherwise entitled.

**SUMMARY OF RESULTS:** A summary of the results of this research will be supplied to you, at no cost, upon request. **[List PI phone number and email address again here, as well as approximate timeline when the summary will be available.]**

**VOLUNTARY PERMISSION:** I have read the above statements and understand what is being asked of my child. I understand that giving my permission is voluntary and that I am free to withdraw my permission at any time, for any reason, without penalty to me or my child. I also understand that my child’s participation is voluntary, and he/she is free to withdraw assent to participate at any time. On these terms, I certify that I give permission for my child to participate in this research project.

I understand that should I have any concerns about my child’s participation in this study, I may call **[name of investigator]** at **[insert phone number]**. If I have any concerns that my child’s rights are being violated, I may contact Dr. Michael Spinetta, Chair of the Seattle University Institutional Review Board at (206) 296-2585.

**Parent/Guardian 1 Signature Date**

**Parent/Guardian 2 Signature Date**

**Researcher's Signature Date**

[**NOTE:** [Appendix B – Research with Minors Request](https://www.seattleu.edu/irb/protocol-forms/) must accompany the protocol application. This appendix also provides information about circumstances allowing for the signature of one parent only. Be sure to describe in the consent process of the protocol application (Section 7.2) whether researchers will obtain only one signature and explain why. Delete this highlighted statement in submitted version.]