

## Parental Consent and Child Assent Template

The consent form template that follows is for you, the researcher, to follow, when creating the consent form to be signed by parents of minor (< 18 years old) participants in your study. Please insert the details that are specific to your study. Additionally, here are some tips for creating the parental consent form:

- ❑ Keep the language simple. Consent forms should be written at an 8<sup>th</sup> grade reading level or below. Avoid use of technical terms. When using acronyms or abbreviations, spell out the full meaning the first time used.
- ❑ Compose the consent form to speak TO the parents of minor participants, not ABOUT them, i.e. “Your child will be asked to...” instead of “The participant will be asked to...”
- ❑ The title of the study on the consent form need not match the title of the study in the project outline form. Sometimes it is warranted to use a simpler title for the consent form.
- ❑ Most sections are required. However, you may remove the Compensation section if no compensation will be offered to participants.
- ❑ If the researcher is a student, please include both researcher and advisor’s contact information in the Contact Information section.

## Bridgewater State University Parental Consent Form

Title of Research:

Researchers:

You are being asked permission for your child to participate in research. For you to be able to make an informed decision about whether you want your child to participate in this project, you should understand what the project is about, as well as the possible risks and benefits. This process is known as informed consent. This form describes the purpose, procedures, possible benefits, and risks. It also explains how your child's personal information will be used and protected. Once you have read this form and your questions about the study are answered, you will be asked to sign it. This will allow your child's participation in this study. You should receive a copy of this document to take with you.

### Explanation of Study

This study is being done because...

If you agree to allow your child to participate, your child will be asked to...

Your child should not participate in this study if... *[List exclusionary criteria, if applicable]*

Your child's participation in the study will last...

### Risks and Discomforts

Risks or discomforts that your child might experience are... **OR**

No risks or discomforts are anticipated

### Benefits

This study is important to science/society because...

Individually, your child may benefit... **OR**

Your child may not benefit, personally by participating in this study.

### Confidentiality and Records

Your child's study information will be kept confidential by...

Additionally, while every effort will be made to keep your child's study-related information confidential, there may be circumstances where this information must be shared with:

- \* Federal agencies, for example the Office of Human Research Protections, whose responsibility is to protect human subjects in research;
- \* Representatives of Bridgewater State University, including the Institutional Review Board, a committee that oversees the research at BSU;
- \* *[Insert sponsors of the research, if any, who will have access to identifiable data]*

## Compensation

As compensation for your child's time/effort, your child will receive... **OR**

No compensation will be provided. *[Or remove the Compensation section completely]*

## Contact Information

If you have any questions regarding this study, please contact *[insert Researcher/Advisor & email and phone number.]*

If you have any questions regarding your child's rights as a research participant, please contact The Institutional Review Board, Bridgewater State University, (508) 531-XXXX.

---

By signing below, you are agreeing that:

- you have read this consent form (or it has been read to you) and have been given the opportunity to ask questions and have them answered
- you have been informed of potential risks to your child and they have been explained to your satisfaction.
- you understand Bridgewater State University has no funds set aside for any injuries your child might receive as a result of participating in this study
- you are 18 years of age or older
- your child's participation in this research is completely voluntary
- your child may leave the study at any time. If your child decides to stop participating in the study, there will be no penalty to your child and he/she will not lose any benefits to which he/she is otherwise entitled.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Child's Name \_\_\_\_\_

### Bridgewater State University Child/Minor Assent

I \_\_\_\_\_ understand that my parent or guardian has given permission (said it is okay) form me to take part in this study about \_\_\_\_\_ under the direction of \_\_\_\_\_. I am taking part because I want to. I have been told that I can stop at any time I want to and nothing will happen to me if I want to stop.