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**Parental Permission for Child Participation in Research**

Fill in areas [highlighted yellow and in brackets]; Delete areas *highlighted blue and in italics*.

Title of the Project: [Title of Project]

Principal Investigator: [Name, credentials, institutional affiliation]

Faculty Sponsor (if needed): [Name, credentials, institutional affiliation]

Study Sponsor: [If any]

*Note: If you are a student, you must include the name of the faculty sponsor.*

I/We would like to invite your child to be part of a research study. This permission form will help you in choosing whether or not to allow your child to participate in the study. Feel free to ask if anything is not clear in this consent document.

The purpose of the study is to [briefly describe study purpose].

*Use clear, concise, easy-to-understand language.*

In order to participate, your child must be [briefly describe eligibility criteria].

*Why has this child been selected to participate in the study?*

If you agree to allow your child to participate, your child will be asked to [do what, when, where, and how]. This will take [state period of time].

*Include a complete description of the procedures for the study from the participants’ perspective. Use lay language to ensure understanding. DO NOT copy and paste technical or “research-y” language from the IRB application. After reading this, both the potential participant and their parent/guardian should have a clear understanding of what they will be asked to do. We recommend using bullet points to ensure clarity. If the study occurs over multiple days, we suggest revising the bullet points to describe each day chronologically.*

* Task 1: Description of task; amount of time
* Task 2: Description of task; amount of time

There are some risks your child might experience from being in this study. They are [describe specific risks and indicate what the study team will do to minimize those risks].

*Include a full list with clear descriptions of all reasonably foreseeable risks and/or discomforts participants might experience in this study. If one of the risks is a loss of confidentiality, state this. How you will address this will be covered later. It is difficult to know how children will react to research situations. Therefore, it is not acceptable to say that there are no risks.*

Your child might benefit from being in this study because [insert details]. **[OR]**

Although your child will not directly benefit from being in this study, others might benefit because [insert details].

We will protect your child’s information by [explain]. Your child’s name and any other information that can directly identify your child will be stored separately from the data collected as part of the project**. [OR]** [Describe limitations to confidentiality, if any.]

*Include a statement about how you and other researchers (if applicable) will keep data secure and describe who may have access to the data. We recommend one of the following statements:*

*Statement 1: Your child’s data will be shared with other researchers for future research studies that may be similar to this study or may be very different. The data shared with other researchers may include information that can directly identify your child. Researchers will not contact you or your child for additional permission to use this information.*

*Statement 2: We will share your child’s data or samples with other researchers for future research studies that may be similar to this study or may be very different. The data or samples shared with other researchers will not include information that can directly identify your child.*

*Statement 3: The data or samples that we will collect about your child will not be shared with any other researchers.*

*Texas laws requires anyone to resport suspected child neglect or abuse. If the research study could uncover child abuse or neglect, the following statement is required as part of the parental permission form:*

*Under certain situations, we may break confidentiality. If during the study we learn about child abuse or neglect, we will report this information to the appropriate authorities including the police and/or the Texas Department of Family and Protective Services.*

If applicable, include the following statement: We plan to present and/or publish the results of this study. To protect your child’s privacy, we will not include any information that could directly identify them.

We will/will not [choose one] keep your child’s research data to use for [specify future research or other purpose]. Your child’s name and other information that can directly identify them will be kept secure and stored separately from the research data collected as part of the project. **[OR]** Your child’s name and other information that can directly identify them will be deleted from the research data collected as part of the project.

It is totally up to you and your child to decide to participate in this research study. Participating in this study is voluntary. The decision to participate will not affect your or your child’s relationship with The University of Houston-Downown [add as appropriate: your child’s school, your child’s doctor or healthcare provider, etc.]. You and your child will not lose any benefits or rights you already had it you decide not to participate. Even if you decide to allow your child to be part of this study now, you may change your mind and stop at any time. Your child does not have to answer any questions they do not want to answer.

If you decide to withdraw your child from the study before it is completed, [provide details about disposition of data]

Please take time to read this entire form and ask questions before deciding whether to allow your child to take part in this research study.

If you have any questions about this research, you may contact:

[Name of PI]

Phone:

Email:

Any questions regarding your rights as a research subject may be addressed to the UHD Committee on Standards for Research involving Human Subjects through its current chair, [insert name of current chair] at [current chair’s office phone number] or humansubjects@uhd.edu. Projects that are carried out at the University of Houston-Downtown are governed by requirements of the University and the Federal Government.

By signing this document, you are agreeing to allow your child to be in this study. Make sure you understand what the study is about before you sign. We will give you a copy of this document for your records. We will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about, and my questions so far have been answered.

\_\_\_I agree to allow my child to take part in this study.

\_\_\_I do not agree to allow my child to take part in this study.

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Printed Subject Name

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Signature of Parent or Legal Guardian Date

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Signature of Person Obtaining Consent Date