

Insert Department
Campus Address
Fargo, ND 58108-6050
Phone Number

**Title of Study**

## **Parent/Guardian Permission Form**

**This study is being conducted by:** Name and contact information for primary researcher(s). If study is being conducted by a graduate student, the PI (advisor) should also be listed here.

**Why is my child being asked to take part in this study?**

Describe, at a 6th-8th grade reading level, the purpose of the study.

**What will my child be asked to do?**

Describe in simple and concise terms what participants will be asked to do and/or what information will be collected about them during the course of the study. Avoid technical language and acronyms whenever possible. This section can be broken out into several short paragraphs, presented with bullet points, and/or contain diagrams or figures.

**Where is the study going to take place, and how long will it take?**

Describe where the study will take place as well as the total time commitment for the participant and his/her parent/guardian.

**Does my child have to take part in this study?**

**Your participation in this research is your choice. If you decide to participate in the study, you may change your mind and stop participating at any time without penalty or loss of benefits to which you are already entitled.**

**What are the alternatives to being in this study?**

**If there are alternative treatments, ways to earn extra/course credit, etc. these should be described here. You may also state, “Instead of being in this research, you or your child may choose not to participate.”**

**Who will have access to my child’s information?**

Describe whether or not identifiable information will be collected during the course of the research. Describe who will have access to this information, how it will be protected, how research results will be presented, and if they will be available to anyone outside the research team at any time.

**Can my child’s participation in the study end early?**

When applicable, describe any reason for which a participant may be removed from the study.

** What if we have questions?**

Before you decide whether your child may participate in this study, please ask any questions that come to mind now. Later, if you or your child has questions about the study, you can contact [Principal Investigator] at [phone number] or [email address], or [Co-Investigator] at [phone number] or [email address].

**What are my child’s rights as a research participant?**

Your child has rights as a research participant. All research with human participants is reviewed by a committee called the *Institutional Review Board (IRB)* which works to protect participant’s rights and welfare. If you have questions about your child’s rights, an unresolved question, a concern or complaint about this research you may contact the IRB office at 701.231.8995, toll-free at 855-800-6717 or via email (ndsu.irb@ndsu.edu).

**Documentation of Informed Consent:**

You are freely making a decision whether to be in this research study. Signing this form means that

1. you have read and understood this consent form

2. you have had your questions answered, and

3. you have granted permission for your child to be in the study.

You will be given a copy of this permission form to keep.

Your signature Date

Your printed name Date

Signature of researcher explaining study Date

Printed name of researcher explaining study