

## PARENTAL INFORMED CONSENT FORM

(You may use this form as a guideline for writing the informed consent form. The yellow sections are to be replaced by you; the grey sections are instructions and should be deleted prior to submission.)

My name is (your name), and I am a (student, professor, etc.) at Union College in Schenectady, NY. I am inviting your child to participate in a research study. Involvement in the study is voluntary, so you may choose allow your child to participate or not. A description of the study is written below.

I am interested in learning about (your research topic.) Your child will be asked to (what the participant will be asked to do.) This will take approximately (expected length of time). The risks to your child of participating in this study are (risks to subjects.) These risks will be minimized by (procedures you will use to minimize the risks.) If your child no longer wishes to continue, he or she has the right to withdraw from the study, without penalty, at any time.

**Addendum A:** If participant data will be anonymous (the data will be collected in such a way that it would be impossible for someone to find out how any specific participant responded), include the following sentence:

Your child's responses will be anonymous, such that it would be impossible to link his or her name with any responses.

**Addendum B:** If participant data will be kept confidential (names will be linked with responses, but you promise not to divulge this information), include the following sentence:

Your child's responses will be held confidential but not anonymous. This means that your child's name and responses will be linked in data file(s) retained by the researcher, but with few exceptions, the researcher promises not to divulge this information. (If you wish, you may add any additional statements about why anonymity cannot be assured, procedures you plan on using in order to assure confidentiality, etc.)

**Addendum C:** If deception/withholding of information is involved, include the following paragraph:

Even though all aspects of the study may not be explained to your child beforehand (e.g., the entire purpose of the study), during the debriefing session your child will be given additional information about the study and have the opportunity to ask questions.

If you have any questions about the research please contact (name and email address of person doing project), and (name and email address of supervising faculty/staff member, etc.). If you have any questions concerning your rights as a research participant that have not been answered by the investigator or if you wish to report any concerns about the study, you may contact the Union College Human Subjects Review Committee Chair Joshua Hart (hartj@union.edu) or the Office for Human Research Protections (<https://www.hhs.gov/ohrp/>).

By signing below, you indicate that you understand the information above, and that you wish to allow your child to participate in this research study, should he or she so desire.

\_\_\_\_\_  
Participant Signature

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

\_\_\_\_\_  
Date

**Addendum D:** If you plan on recording your interaction with participants, the following addendum should be included. If a person does not indicate either, you may not record the interview.

You may consent to having your child's (interview / session / etc.) recorded via (technique/s) or you may decline. Please sign your initials by the appropriate statement below to indicate these wishes.

I consent to my child's being recorded via (technique/s).

I do not consent to my child's being recorded via (technique/s).

**Addendum E:** If you plan on disclosing people's identities (you plan on using real names in your write-up), the following addendum should be included. If a person does not sign either, you may not disclose the person's identity. Of course, if you include this addendum, ensure that you have not included Addenda A or B above.

You may consent to having your child's name and other identifying characteristics used in the report that results from the research project or you may decline. Please sign your initials by the appropriate statement below to indicate these wishes.

I hereby consent to having my child's name and other identifying characteristics used in the research report.

I do not consent to having my child's name and other identifying characteristics used in the research report.