**University of Oklahoma**

**Institutional Review Board**

**Informed Consent to Participate in a Research Study**

|  |  |
| --- | --- |
| **Project Title:** |  |
| **Principal Investigator:** |  |
| **Department:** |  |

You are being asked to give permission for your child to volunteer for this research study. This study is being conducted at (enter the study site). Your child was selected as a possible participant because (explain how the parent’s child/student was selected).

Please read this form and ask any questions that you may have before agreeing to allow your child to take part in this study.

# Purpose of the Research Study

The purpose of this study is to (briefly explain the research question and its purpose in lay language.)

# Number of Participants

About (insert number of study participants, if appropriate report the total number of participants and also break out this number by subgroups of participants – example about 100 people will participate include 33 students and up to 67 of their parents and guardians) people will take part in this study.

# Procedures

If you agree to allow your child to be in this study, your child will be asked to (describe all the tasks/procedures the participant will complete during the study. Identify assignments to study groups, frequency of procedures, etc. Also, describe any procedures that are experimental. )

**Alternate Procedures** **(Delete this section if not applicable)**

(If the study involves participation in a student research pool where students have the option of a non-research assignment, describe what other option the participant has to receive research or extra credit)

**Length of Participation**

(Indicate the length of time of participation for each activity and the total for all activities the child will be asked to participate in as a part of this project. Example: 30 minutes, 1 hour, or 4 visits for a total of 2 weeks. If applicable, also include anticipated circumstances under which the participant’s participation may be terminated by the Investigator without regard to the participant’s consent.)

# Risks of being in the study are

(In order of severity, list any possible risks--physical, psychological, economical, etc that the child may potentially experience as a result of study participation. All risks that are reported in your application should be addressed in this section. Include the likelihood of each and under what conditions the researcher will terminate the study. If there are no risks, enter none.)

# Benefits of being in the study are

(Describe the benefits that are direct to the participant and state as being a direct benefit to the child/student participant. Do not only list the benefits that arise in general. If no benefits, enter none. Do not include compensation such as course credit, receipt of $$, research data supplied to participants after study completion, or other items of value as a benefit, instead use the “Compensation” section which appears below.)

# Compensation

Your child/student (will/will not) be reimbursed for his/her time and participation in this study. (Include payment, reimbursement, class credit, etc. Explain when compensation will be given to the participant and conditions of receiving the compensation (e.g., if compensation will be pro-rated for participants who do not complete the entire study. It is anticipated that participants will be able to withdraw from a study at any time. For participants who have invested more than one hour in the study, it is anticipated that compensation will be pro-rated based on the time they have invested in the study). Outline the proration formula in this section. If compensation will have a value of $50 or more, you must report names and SS# to OU Financial Services. Participants should be informed of this.

# Injury (Delete this section if not applicable)

In case your child experiences and injury or illness resulting from this study, emergency medical treatment is available. However, you or your insurance company will be expected to pay the usual charge from this treatment. The University of Oklahoma Norman Campus has set aside no funds to compensate you in the event of injury to your child.

# Confidentiality

In published reports, there will be no information included that will make it possible to identify your child (insert “without your permission” if the data are identifiable and you are asking for permission for attribution or citation). Research records will be stored securely and only approved researchers will have access to the records.

There are organizations that may inspect and/or copy your research records for quality assurance and data analysis. These organizations include the (Insert the name of the sponsor that is funding your study if funding is dependent on the organization having access to study data. Do not list your faculty sponsor, dissertation committee or department name) and the OU Institutional Review Board.

(If you anticipate sharing your research data, describe who you will share the data with and in what form. If you would like to retain identified data beyond the study period, include the appropriate check-off in the “Waiver of Elements of Confidentiality” section in order to obtain permission.)

**(Delete if not applicable)** Following collection, your child’s blood sample will not be associated with any information that would identify him/her as the donor of this sample (i.e., it will be de-identified) and subsequently no attempt will be made to make that association. It is possible for your child’s identity to be determined from this sample, but the chances of that occurring are highly unlikely.

# Voluntary Nature of the Study

Participation in this study is voluntary. If your child withdraws or declines participation, he/she will not be penalized or lose benefits or services unrelated to the study. If your child decides to participate, he/she may decline to answer any question and may choose to withdraw at any time.

**(Delete if not applicable)** You have the right to access the research data that has been collected about your child as a part of this research study. However, you may not have access to this information until the entire research study is completely finished. By signing this form, you consent to this temporary restriction.

# Waivers of Elements of Confidentiality (Delete this section if not applicable)

Your child’s name will not be retained or linked with his/her responses unless you agree and he/she specifically agree to be identified. The data your child provides will be (enter either destroyed OR retained in anonymous form) unless you and your child specifically agree for data retention or retention of contact information beyond the end of the study. Please check all of the options that you agree to:

I consent to my child being quoted directly. \_\_\_ Yes \_\_\_ No

I consent to having my child’s name reported with quoted material. \_\_\_Yes \_\_\_ No

I consent to having the information my child provided retained for potential use in future studies by this researcher. \_\_\_Yes \_\_\_ No

I consent to having my child’s contact information retained after the study so that she/he can be contacted to participate in future studies. \_\_\_ Yes \_\_\_ No

# Request for record information (Delete this section if not applicable)

If you and your child approve, your child’s confidential records will be used as data for this study. The records that will be used include (list, by name, the specific confidential data that will be collected). These records will be used for the following purpose(s): (describe how data will be used in the study)

\_\_\_\_\_ I agree for my child’s records (list by name the specific records and the source of the records) to be accessed and used for the purposes described above.

\_\_\_\_\_ I do not agree for my child’s (list by name the specific records and the source of the records) records to be accessed for use as research data.

# Audio Recording of Study Activities (Delete this section if not applicable)

To assist with accurate recording of your child’s responses, (interviews or focus groups) may be recorded on an audio recording device. You and your child have the right to refuse to allow such recording without penalty. (For focus groups, you may wish to use this language – “If you do not agree to audio-recording, you cannot participate in this study.”) Please select one of the following options:

I consent to audio recording. \_\_\_ Yes \_\_\_ No

# Video Recording of Study Activities (Delete this section if not applicable)

To assist with accurate recording of your child’s responses, (interviews, or focus groups, or observations) may be recorded on a video recording device. You and your child have the right to refuse to allow such recording. (For focus groups or observations, you may wish to use this language – “If you do not agree to video-recording, you cannot participate in this study.”) Please select one of the following options:

I consent to video recording. \_\_\_ Yes \_\_\_ No

# Photographing of Study Participants/Activities (Delete this section if not applicable)

In order to preserve an image related to the research, photographs may be taken of participants. You and your child have the right to refuse to allow photographs to be taken without penalty. (Or you may wish to use this language – “If you do not agree to photography, you cannot participate in this study.”) Please select one of the following options:

I consent to photographs. \_\_\_ Yes \_\_\_ No

**Future Communications (Delete this section if not applicable)**

The researcher would like to contact you child again to recruit him’her into this study or to gather additional information.

For studies that involve contacting the participants multiple times, please include an option to “not contact anymore”.

\_\_\_\_\_ I give my permission for the researcher to contact my child in the future.

\_\_\_\_\_ I do not wish for my child to be contacted by the researcher again.

# Contacts and Questions

If you have concerns or complaints about the research, the researcher(s) conducting this study can be contacted at (Provide phone number and email address. If the researcher is a student, include the faculty sponsor’s name, telephone number, and email address here.)

Contact the researcher(s) if you have questions, or if you have experienced a research‑related injury.

If you have any questions about your child’s rights as a research participant, concerns, or complaints about the research and wish to talk to someone other than individuals on the research team or if you cannot reach the research team, you may contact the University of Oklahoma – Norman Campus Institutional Review Board (OU-NC IRB) at 405-325-8110 or irb@ou.edu.

***You will be given a copy of this information to keep for your records. If you are not given a copy of this consent form, please request one.***

# Statement of Consent

I have read the above information. I have asked questions and have received satisfactory answers. I consent for my child to participate in the study.

|  |  |
| --- | --- |
| Parent’s Signature Print Name  Child’s Name (print) | Date |
| Signature of Person Obtaining Consent Date |  |
| Print Name of Person Obtaining Consent |

|  |  |
| --- | --- |
| Signature of Witness (if applicable) | Date |
| Print Name of Witness |