



**Parental Consent for Child to Participate in a Research Study  
Smith College • Northampton, MA**

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**Title of Study:**

**Investigator(s):**

(List Name, Department, Telephone number for each Investigator)

.....

**Introduction**

- Your child is being asked to be in a research study of [*insert general statement about study*].
- Your child was selected as a possible participant because [*explain how subject was identified, include any exclusionary criteria*].
- We ask that you read this form and ask any questions that you may have before allowing your child to participate in this study.

**Purpose of Study**

- The purpose of the study is [*explain research question and purpose in lay language*].
- Ultimately, this research may be [*published as part of a book on..., presented as a paper, etc.*].

**Description of the Study Procedures**

- If you decide to allow your child to participate in this study, they will be asked to do the following things: [*explain procedures and tasks; identify any procedures that are experimental; describe length of time for participation, frequency and duration of procedures; etc.*]
- [*Please include a few examples of the topics that will be covered in your study. Be sure to identify any topics that are different from what a participant might discuss in their day-to-day lives with a stranger. Please mention anything that could potentially cause: emotional distress, risk to reputation (social risk), or physical discomfort*].

*\*[If applicable, explain any alternative procedures or courses of treatment available to the subject.]*

**Risks/Discomforts of Being in this Study**

- The study has the following risks. First, [*explain first risk, including the likelihood of the risk*]. Second, [*explain second risk, including the likelihood of the risk*]. Third, ...
- [*If there are no foreseeable risks, state as such*] There are no reasonable foreseeable (or expected) risks. There may be unknown risks.

**Benefits of Being in the Study**

- The benefits of participation are [*explain benefits of participation that will be gained by the participants and/or other. If a benefit is not likely to occur to each participant do not include.*]
- [*If there are no expected benefits, state as such.*]

**Confidentiality** [*choose one of the following*]

- Information about your child’s identity will be published. However, you will be given the opportunity to review and approve any material that is published about them.

**Payments**

- You/your child will receive the following payment/reimbursement: *[explain amount of payment or other reimbursement information (e.g., class points, tokens, donations, etc.), as well as when payment and/or reimbursement will occur and in what cases payment will not occur if any. If there will be no payment, state this.]*

**Right to Refuse or Withdraw**

- The decision to participate in this study is entirely up to you and your child. You are welcome to observe the interview if you wish. Your child may refuse to take part in the study *at any time* without affecting their or your relationship with the investigators of this study or Smith College or losing benefits to which they or you are otherwise entitled. Your child has the right not to answer any single question, as well as to withdraw completely from the study at any point during the process; additionally, you have the right to request that the researcher not use any of the study material.

**Right to Ask Questions and Report Concerns**

- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, *[name]* at *[email]* or by telephone at *[phone number]* *[if a student, add: “or my faculty advisor for this study, name, email/phone”]*. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your rights as a research participant that have not been answered by the investigators, you may contact the Smith College Institutional Review Board at [irb@smith.edu](mailto:irb@smith.edu) or (413) 585-3562.
- If you have any problems or concerns that occur as a result of your child’s participation, you can report them to the IRB using the contact information above. Alternatively, concerns can be reported by completing a Participant Complaint Form, which can found on the IRB website at <https://www.smith.edu/academics/institutional-review-board/compliance>

**Consent**

- Your signature below indicates that you have decided to allow your child participate as a research subject for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.

.....

- I agree to let my child be [audio or video] taped for this interview**
- I agree to let my child be interviewed, but I do not want the interview to be taped**

Name of Child (print): \_\_\_\_\_

Name of Parent/Guardian (print): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Investigator(s): \_\_\_\_\_ Date: \_\_\_\_\_

## Waiver of Confidentiality

I understand that my child's potentially identifying information will be used in conjunction with the presentation/publication of the results of this research and agree to waive my rights to protect the confidentiality of their responses. In signing this waiver, I further understand that I will be given the opportunity to review and approve or reject material related to their responses prior to publication. Upon review of the material, I also have the right to request that my child's name not be used in connection with the published material, thereby rescinding this waiver.

Parent/Guardian's Name (print): \_\_\_\_\_

Participant's Name (print) \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's contact Information:

Email:

Address:

Phone:

In consideration of the above Waiver of Confidentiality, I agree to provide you with a copy of any and all material, relevant to your child's participation, intended for publication that reveals or might reveal their identity in connection with the responses provided. You will then have the opportunity to review and approve or reject any material associated with your child's name or to request that their name not be used in connection with the published material.

Researcher's Name (print) \_\_\_\_\_

Researcher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Researcher's contact Information:

Email:

Address:

Phone: