Parental Permission Document

***Note to the Investigator:*** *Informed consent is a process, not just a form. Information must be presented to enable persons to voluntarily decide whether or not to participate as a research participant. It is a fundamental mechanism to ensure respect for persons through provision of thoughtful consent for a voluntary act. The procedures used in obtaining informed consent should be designed to educate the participant population in terms that they can understand. Therefore, informed consent language and its documentation (especially explanation of the study's purpose, duration, experimental procedures, alternatives, risks, and benefits) must be written in "lay language", (i.e. understandable to the people being asked to participate). The written presentation of information is used to document the basis for consent and for the participants' future reference. The consent document should be revised when deficiencies are noted or when additional information will improve the consent process.*

***DIRECTIONS FOR USE OF THIS TEMPLATE:***

* ***Do not adjust the header or footer size.***
* *Replace bracketed items in the header, such as “[Title of Study]” with the requested information.*
* *Read guidelines for each section, complete as applicable for your project and then delete the template guidelines. Example text may be used if needed but should not be italicized. Instructions in red font should be replaced or deleted.*
* *Phrases such as “I understand…” or “You understand…” are not appropriate and should not be included in the document.*
* *If your study will use deception and/or incomplete disclosure as research techniques, you should include language explaining that the information being provided in the initial consent is incomplete – see the Supplemental Consent Language Document for suggested wording.* *Please review the Research Guidance Document: Deception and Debriefing.*
* ***NOTE:*** *If your study is determined by the IRB to be more than minimal risk, there are additional elements of informed consent which will be required.*
* If your study is a clinical trial, you must include information about registration and reporting of trial results on the ClinicalTrials.gov website – see the Supplemental Consent Language Document for the necessary wording.

**Principal Investigator Name and Title:**

**Department and Institution:**

**Contact Information:**

**Sponsor (if applicable):**

**CONCISE SUMMARY/KEY INFORMATION**

In general, the beginning of an informed consent would include a concise explanation of the following:

1. The fact that consent is being sought for research, and participation is voluntary.
2. Purpose of the research, expected duration, and procedures.
3. Reasonably foreseeable risks.
4. Benefits that may be reasonably expected.
5. Appropriate alternative procedures or courses of treatment, if any.

The above five points constitute the key information most likely to assist a reasonable person (or legally authorized representative) in understanding the reasons why one might or might not want to participate in research. There may be additional information that should be provided in the concise summary depending on the nature of the specific research study.

Typically, studies with no more than minimal risk have a short consent process and a short consent document. For studies with limited risks or benefits, the entire informed consent may be relatively brief. Presenting the key information as described above at the beginning of the document will meet the concise summary requirement.

**If the BACKGROUND, STUDY PROCEDURE, RISKS, and BENEFITS section are fully described in less than the first page of the consent document, it is possible you do not need a separate “CONCISE SUMMARY/KEY INFORMATION” section because you are already able to provide that information to meet the concise summary requirement.**

**BACKGROUND**

State that the study involves research and explain the purpose of the research. Briefly tell the parent/guardian why this research is being done and how this study will address the problem. Please explain who is conducting the study.

*Example: Your child is being asked to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you will allow your child to take part in this study.*

*Example: The purpose of the study is <<explain purpose of the research>>.*

**STUDY PROCEDURE**

This section should inform the parent/guardian about what the participant will have to do and what they will experience in the study. If any, specify which study procedures are experimental (i.e. untested or non-standard procedures) for this research. Include the length of time that the participants will be involved. Describe all procedures/interventions in lay language. Use simple terms and short sentences. When applicable, describe if audio or video recording or photography will take place as research activities. Explain whether audio-recording/video-recording/photography are required for participation or if those procedures are optional.

*Example: It will take your child approximately 2 hours to complete this study. As part of this study your child will be asked questions about <<insert topic>>.*

*Example: The following procedures are considered experimental <<list experimental, untested or non-standard procedures>>.*

[Include the following if participants are randomized to comparison groups:] Example: The group of study participants your child will be assigned to will be chosen by chance, like flipping a coin. Neither you nor the study team will choose which study group your child is assigned to. Your child will have an [equal/one in three/etc.] chance of being assigned to any given group.

**RISKS**

Describe any reasonably foreseeable risks or discomforts such as emotional distress/discomfort, psychological trauma from remembering past experiences, invasion of privacy, embarrassment, loss of social status, potential adverse economic or employment consequences, etc.

*Example: The risks of this study are minimal. Your child may feel upset thinking about or talking about personal information related to <<insert topic>>. These risks are similar to those experienced when discussing personal information with others. If your child feels upset from this experience, you or your child can tell the researcher, and he/she will tell you about resources available to help.*

**BENEFITS**

Describe any benefits to the participant or to others that may reasonably be expected from the research. DO NOT include any compensation to be offered to participants in this section. The description of benefits to the participant should be clear and not overstated to avoid coercion. If no direct benefit is anticipated, it should be stated.

*Example: We cannot promise any direct benefit to your child for taking part in this study. However, possible benefits include <<list benefits>>.*

*Example: There are no direct benefits for taking part in this study. However, we hope the information we get from this study may help develop a greater understanding of <<insert topic>> in the future.*

**ALTERNATIVE PROCEDURES**

List appropriate alternative procedures/interventions, if any, which might be advantageous to the participant. **This section may be omitted if there are no alternative procedures or interventions.**

*Example: If you do not want your child to be in the study, there are other choices such as <<list alternatives>>.*

## HOW WILL THE RESEARCHERS PROTECT MY INFORMATION?

Describe procedures that will be used to keep participant information secure and confidential. For example, use of encryption, storing identifiable information separately from the rest of the research data, keeping only de-identified transcripts of interviews/focus groups, etc.

If your study has **NIH funding or plans to apply for a Certificate of Confidentiality**, you must include language about the protections and limitations of the Certificate of Confidentiality here – see the Supplemental Consent Language Document for appropriate consent language and the OPRS website for more information about Certificates of Confidentiality.

If your study will use focus groups for data collection, see additional language in the Supplemental Consent Language Document to be added here about limitations on participant privacy/data confidentiality in the focus group setting.

## WHO WILL HAVE ACCESS TO THE INFORMATION COLLECTED DURING THIS RESEARCH STUDY?

Efforts will be made to limit the use and disclosure of your child’s personal information, including research study records, to people who have a need to review this information. We cannot promise complete secrecy.

There are reasons why information about your child may be used or seen by other people beyond the research team during or after this study. Examples include:

* University officials, government officials, study funders, auditors, and the Institutional Review Board may need access to the study information to make sure the study is done in a safe and appropriate manner.
* Collaborating researchers at other institutions who are involved with this study. [include this bullet point ONLY if applicable to your study]
* The research team may give information to appropriate authorities for reasons of health and safety – for example, if you or your child indicate that you plan to harm yourself or others, or for public health reasons. [include this bullet point ONLY if applicable to your study]

[Include one of the following statements in studies in which researchers are probing for or likely to elicit information about child abuse or neglect. All University of Illinois employees (including faculty, staff, and student employees) are required by Illinois law and by UIUC policy to report suspected cases of child abuse and/or neglect.]

If we learn about current or ongoing child abuse or neglect, we may be required or permitted by law or policy to report this information to authorities.

OR

We will not ask you about child abuse, but if you tell us about child abuse or neglect, we may be required or permitted by law or policy to report to authorities.

If your study may lead to the disclosure of information covered by Federal laws relating to **sexual harassment and sexual violence**, include language in the consent regarding Title IX reporting responsibilities – see the Supplemental Consent Language Document for appropriate consent language regarding Title IX reporting responsibilities.

[When applicable, explain whether assessment, educational or clinically relevant research results, including individual research results, will be disclosed to participants, and if so, under what conditions.] Most tests done in research studies are only for research and have no clear meaning for [developmental, educational, or health care.] If the research results have meaning for your child’s health, the researchers will/will not contact you to let you know what they have found.

[If data or specimens will be retained after the study for future research, explain where the data or specimens will be stored, who will have access to the data or specimens, and how long the date or specimens will be retained.]

**HOW MIGHT THE INFORMATION COLLECTED IN THIS STUDY BE SHARED IN THE FUTURE?**

We will keep the information we collect about your child during this research study for study recordkeeping [and for potential use in future research projects]. If the study data contain information that directly identifies participants: Your child’s name and other information that can directly identify them will be stored securely and separately from the rest of the research information we collect from your child.

For longitudinal research studies, include: The researchers [plan to/may] contact you again as part of this research study.

De-identified data from this study may be shared with the research community, with journals in which study results are published, and with databases and data repositories used for research. [If you will collect participant identifiers, include this sentence:] We will remove or code any personal information that could directly identify your child before the study data are shared. Despite these measures, we cannot guarantee the anonymity of your child’s personal data.

If you plan to maintain or share identifiable data for unspecified future research, a separate IRB application should be submitted with a protocol, consent and supporting documents (e.g., research registry). If the Principal Investigator (PI) of this study would like to provide an option for a participant to be contacted for a future study conducted by this PI, this option can be provided at the end, and you should include this paragraph: The PI would like to retain your contact information to contact you for future research participation. This information will not be shared with other researchers but will only be retained for potential interest in research with this PI. We will ask for your consent to do so at the end of this form. Add this at the end of the form if applicable. Your child can be in this current research study without agreeing to future research use of your child’s identifiable information.

[Delete if there are no plans to share identifiable data] The results of this study could be shared in articles and presentations but will not include any information that identifies your child unless you give permission for use of information that identifies your child in articles and presentations.

**Person to Contact**

Please include contact information for answers to any questions, complaints or concerns the participant or legal representative may have about the research or related matters. Include the name of the Principal Investigator with a telephone number where a message can be left. Co-investigator contact information may be included. Include specific information as to whom the participant should contact in case of a research-related injury. This should include name(s), telephone number(s), and when the person(s) listed may be contacted. If you believe that there is no chance for a research related injury, you may provide contact information in the event the participant feels they have been harmed by the research (see example).

*Example: If you have questions, complaints or concerns about this study, you can contact <<insert name>> at <<insert phone number>>. If you feel you have been harmed as a result of participation, please call <<insert name>> at <<insert phone number>> who may be reached during <<specify hours or state it is a number available 24-hours a day>>.*

Include the following statement verbatim: **Institutional Review Board:** If you have any questions about your rights as a research subject, including concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at [irb@illinois.edu](mailto:irb@illinois.edu). If you would like to complete a brief survey to provide OPRS feedback about your experiences as a research participant, please follow the link [here](https://redcap.healthinstitute.illinois.edu/surveys/?s=47X9T4NE4X) or through a link on the OPRS website: <https://oprs.research.illinois.edu/>. You will have the option to provide feedback or concerns anonymously or you may provide your name and contact information for follow-up purposes.

**VOLUNTARY PARTICIPATION**

State that participation is voluntary. Indicate that refusal to participate will involve no penalty or loss of benefits to which the participant is otherwise entitled. Also indicate that the participant may discontinue participation at any time without any penalty or loss to benefits.

*Example: Research studies include only people who choose to take part.  You can tell us that you don’t want your child to be in this study.  Your child can start the study and then choose to stop the study later. This will not affect your relationship with the investigator.*

**COSTS AND COMPENSATION TO PARTICIPANTS**

Costs related to research procedures should be separated and explained from other regular costs participants might incur. Any additional costs to the participant that may result from the research should also be clearly indicated. If there are no costs and/or compensation, please state that.

Explain whether participants will be compensated for participation. Specify the overall amount, schedule of payment(s) and any plan for prorating payments if participant does not complete the study.

**CONSENT**

Please include a consent statement written in first person such as the following:

By signing this consent form, I confirm I have read the information in this parental permission form and have had the opportunity to ask questions. I will be given a signed copy of this parental permission form. I voluntarily agree to allow my child to take in this study.

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Printed Name of Child

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Printed Name of Parent/Guardian

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Parent/Guardian’s Signature Date

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Printed Name of Person Obtaining Consent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date