**Notre Dame College Institutional Review Board**

**Parental Consent to Participate in Research**

**Title of Study:**

Your child is invited to participate in a research study by Click or tap here to enter text. Please read the information below and ask any questions about anything you do not understand before you decide whether to participate in the study or not.

**Purpose of Study:** Click or tap here to enter text.

**Duration and Location:**

Your child’s participation in this study will last for approximately Click or tap here to enter text. . The study will be conducted at Click or tap here to enter text.

**Procedure:**

If you volunteer your child to participate in this study, we would ask you to do the following: Click or tap here to enter text.

**Potential Risks:**

*If there are risks, describe them.*

*A common statement if no or minimal risk*: There are no known risks associated with your child’s participation in this study beyond those of daily living.

**Benefits:**

*If there are benefits, describe them*:

Note: Compensation for participation is not a benefit.

*A common statement if no benefits*: There are no direct benefits to your child for participation in this study.

**Confidentiality:**

All information gathered from this study will be kept confidential. Explain how: Click or tap here to enter text. Your child will not be personally identified in any reports or presentation of results of this study.

**Participation and Withdrawal:**

Your child’s participation in this research is voluntary. If you choose for your child not to participate, it will not affect your relationship with Click or tap here to enter text. or any benefits you gain from Click or tap here to enter text. If you decide to have your child participate, you may withdraw from the study at any time without penalty.

**Withdrawal of Participation by Investigator:**

The investigator may withdraw your child from participation in this research if circumstances arise that warrant doing so.

**Contact Information:**

If you have any questions or concerns, you may contact (*insert investigator name, phone, email* Click or tap here to enter text.)

**SIGNATURE OF RESEARCH PARTICIPANT:**

I have read the information provided above. I have been given the opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this consent form.

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**Name of Parent/Guardian**

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**Signature of Parent/Guardian Date**

**SIGNATURE OF INVESTIGATOR:**

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**Signature of Investigator Date**