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|  |  | Grand Canyon University  College of Doctoral Studies  3300 W. Camelback Road  Phoenix, AZ 85017  Phone: 602-639-7804  Email: irb@gcu.edu |

**PARENTAL PERMISSION/CONSENT FORM**

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| (EXAMPLE) |
| **INTRODUCTION** |
| The purposes of this form are to provide information that may affect decisions regarding your child’s participation and to record the consent of those who are willing for their child to participate in this study. |
| **RESEARCHERS** |
| (Identify the following...Name, Title, College of Principal Investigator, then investigators) at Grand Canyon University has invited your minor child's (ward's) participation in a research study at this institution. |
| **DESCRIPTION OF RESEARCH STUDY** |
| If you decide to allow your child (ward) to participate in this study, your child will be (insert what the child will be required to do). Your child’s (ward’s) participation will take approximately (insert the duration). |
| **EXCLUSIONARY CRITERIA** |
| In order for your child (ward) to participate in this study, your child (ward) must be:  (Insert requirements). |

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| **RISKS** |
| If you do decide to have your child (ward) participate in the study, he/she may face a risk of (describe the risks and discomforts). The research tried to reduce the risks by (explain how). |
| **BENEFITS** |
| The possible benefits of your child's (ward's) participation in the research are (describe the benefits, direct and/or indirect).  -OR-  Although there may be no direct benefits to your child (ward), the possible benefits of your child's (ward's) participation in the research are... (describe) |
| **NEW INFORMATION** |
| You will be contacted if new information is discovered that would reasonably change your decision about your child’s (ward’s) participation in this study |
| **CONFIDENTIALITY** |
| The results of the research study may be published but your child's (ward's) name or identity will not be revealed. In order to maintain confidentiality of your child's (ward's) records, the investigators will...(describe) |
| **WITHDRAWL PRIVILEGE** |
| If you choose not to have your child (ward) participates or to withdraw your child (ward) from the study at any time, there will be no penalty. It will not affect your child’s (wards) (grade/treatment/care, etc., please choose the one that applies to the proposal). Likewise, if your child (ward) chooses not to participate or to withdraw from the study at any time, there will be no penalty. |
| **COSTS AND PAYMENTS** |
| The researchers want your decision about participating in the study to be absolutely voluntary. Yet they recognize that your participation may pose some (…costs, inconvenience, etc). In order to (help defray your costs) you may receive (payment, etc). (If payment is to be provided to the subject, include amount of payment, method of payment, and schedule for payment including whether payment will be made in increments or in one lump sum. Discuss issue of payment if subject does not complete the study).  -OR-  There is no payment for your participation in the study. |
| **COMPENSATION FOR ILLNESS AND INJURY** |
| Agreeing to your child’s (ward’s) participation does not waive any of your legal rights. However, no funds have been set aside to compensate you in the event of injury. In the event that your child suffers harm as a result of participation in this research project, you may contact (insert the PI’s name and phone number) or you may contact the Chair of the Human Subjects Institutional Review Board through the College of Doctoral Studies at (602) 639-7804. |
| **VOLUNTARY CONSENT** |
| By signing this form, you are saying 1) you have read this form or have had it read to you, and 2) you are satisfied and you understand this form, research study, and its risks and benefits. The researcher(s) will be happy to answer any questions you have about the research. If you have any questions, please feel free to contact (insert contact persons’ names and phone numbers).  If at any time you feel pressured to allow your child (ward) to participate, or if you have any questions about your rights or this form, please call the Chair of the Human Subjects Institutional Review Board through the College of Doctoral Studies at (602) 639-7804.  Note: By signing below, you are telling the researcher(s) Yes, that you will allow your child (ward) to participate in this study. Please keep one copy of this form for your records.  Your child’s (ward’s) name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Your name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **INVESTIGATOR’S STATEMENT** |
| I certify that this form includes all information concerning the study relevant to the protection of the rights of the participants, including the nature and purpose of this research, benefits, risks, costs, and any experimental procedures.  I have described the rights and protections afforded to human research participants and have done nothing to pressure, coerce, or falsely entice the parent to allowing this child (ward) to participate. I am available to answer the parent’s questions and have encouraged him/her to ask additional questions at any time during the course of the study.  Investigator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |