**IMPORTANT INSTRUCTIONS FOR THIS FORM: BEFORE FINALIZING & PRINTING THIS DOCUMENT REMOVE THIS TEXT & ALL BLUE INSTRUCTIONAL AND EXAMPLE TEXT**

- Please follow instructions in brackets and colored text.

- Delete all instructions from this form. We will not edit formatting before approval.

- Avoid using technical language and jargon. Write your consent form in a way that will be understandable to your participants.

**Before submitting this document, please read through and edit this form to make sure text is black, size 12 font, and all parentheses, brackets, and instructional and example text have been removed.**

**California State University, Channel Islands (CSUCI)**

**PARENT OR GUARDIAN CONSENT FOR CHILD PARTICIPATION IN RESEARCH**

**Title of Study—required (use lay language)**

You are being asked to participate in a research study conducted by [researcher name and affiliation]. Participation in this study is completely voluntary. Please read the information below and ask questions about anything that you do not understand before deciding if you want to participate. A researcher listed below will be available to answer your questions.

**PURPOSE OF STUDY**

The purpose of this research study is to [Complete this sentence]. For example: “to explore attitudes of first-generation Americans regarding education; to understand how social support influences mental health.”

**PARTICIPANTS**

**Inclusion Requirements**

Your child is eligible to participate in this study if he/she [Complete this sentence or use a bulleted list of inclusion criteria] For example: “is right-handed,” or “lives in Ventura County.”

**Exclusion Requirements** [Optional]

Your child is not eligible to participate in this study if he/she [Complete this sentence or use a bulleted list of inclusion criteria] For example: “does not have corrected 20/20 vision,” or “ is taking ADHD medications.”

**Time Commitment**

This study will involve approximately [minutes/hours] of your child’s time [over the course of days/weeks/months if applicable].

**PROCEDURES**

The following procedures will occur: [Explain the research procedures in chronological order; include the expected duration of each procedure or each session and the procedures to be completed at the session.] For example: “Your child will complete a survey about his/her eating habits, then your child will have his/her blood drawn (indicate amount) and your child will have his/her blood pressure taken.”

**RISKS AND DISCOMFORTS**

[For minimal risk studies] The possible risks and/or discomforts associated with the procedures described in this study include: [Insert potential risks. Make sure to consider all types of risks.] Examples are: fatigue, boredom, mild emotional discomfort, embarrassment, muscle soreness, strain, sprain. [Specify your plans for minimizing each risk identified.] This study involves no more than minimal risk. There are no known harms or discomforts associated with this study beyond those encountered in normal daily life.

-OR-

[For greater than minimal risk studies] The possible risks and/or discomforts associated with the procedures described in this study include: [Insert potential risks. Categorize the risks by severity and include the likelihood of the risk/discomfort occurring. Make sure to consider all types of risks – psychological, social, economic, legal and physical.] Examples of risks/discomforts include: dizziness, nausea, social stigma (shame or disgrace), psychological distress, invasion of privacy and breach of confidentiality. [Specify your plans for minimizing each risk identified and **provide information about support resources available in case of discomfort or trauma**.]

**BENEFITS**

**Participant Benefits**

The possible benefits your child may experience from the procedures described in this study include [Complete this sentence – the description of participant benefits should be clear and not overstated] Examples: increase reading comprehension, improved writing skills, learning about ways to improve your child’s memory.

-OR-

[If no direct benefit to the participant is anticipated, delete the above statement and use] Your child may not directly benefit from participation in this study.

**Benefits to Others or Society**

[Insert a statement about possible benefits to science or society.] For example: a decrease in the number of children injured in car accidents, greater understanding of how stress influences memory.

**ALTERNATIVES TO PARTICIPATION**

[Describe the alternatives.] If alternatives are not offered, use: The only alternative to participation in this study is not to participate.

**COMPENSATION, COSTS AND REIMBURSEMENT**

**Compensation for Participation**

[If participants will not be compensated, please use] Your child will not be paid for his/her participation in this research study.

-OR-

Your child will receive [insert type of payment and amount of compensation, e.g., cash, gift card, course credit, etc.].

-OR FOR PROJECTS WITH FOLLOWUP INTERACTIONS-

Your child will receive [insert type of payment and amount of compensation, e.g. cash, gift certificate, etc.] after each study session. There are [insert # of study sessions if applicable] sessions. Total payment for participation in this study is $[insert total compensation for completion of the study]. If you decide to withdraw your child from the study or your child is withdrawn by the research team, your child will receive compensation for the sessions that he/she has completed.

**Costs** [Optional]

There is no cost to you for your child’s participation in this study.

-OR-

You will be responsible for the following costs [insert the type of cost and dollar amount].

**Reimbursement** [Optional]

You will be refunded for the following expenses that you or your child incur [insert types of expenses]. For example: parking fees, transportation fees.

[If no reimbursement will be provided, delete the above statement and use] You will not be reimbursed for any out of pocket expenses, such as parking or transportation fees.

**WITHDRAWAL OR TERMINATION FROM THE STUDY AND CONSEQUENCES**  [Optional]

[Required if participants may be terminated by researcher and/or if there are adverse consequences (physical, social, psychological, economic, or legal) of the participant’s withdrawal from the study] You are free to withdraw your child from this study at any time. **If you decide to withdraw your child from this study you should notify the research team immediately**. The research team may also end your child’s participation in this study if he/she does not follow instructions, misses scheduled sessions, or if his/her safety and welfare are at risk.

**CONFIDENTIALITY**

**Participant Identifiable Data**

[Explain whether participant identifiers will be linked to the research data.]

All identifiable information that will be collected about your child will be accessible only to members of the research team.

Examples include:

All identifiable information that will be collected about your child will be removed at the end of data collection.

-OR-

All identifiable information that will be collected about your child will be removed and replaced with a code. A list linking the code and your child’s identifiable information will be kept separate from the research data.

-OR-

All identifiable information that will be collected about your child will be kept with the research data [Provide justification for maintaining identifiers with research data.]

**Mandated Reporting** [Required if the researcher is an employee of California State University, Channel Islands, including student/research assistants]

Under California law, the researcher(s) is/are required to report known or reasonably suspected incidents of abuse or neglect of a child, dependent adult or elder, including, but not limited to, physical, sexual, emotional, and financial abuse or neglect. If any researcher has or is given such information, he or she may be required to report it to the authorities.

**IF YOU HAVE QUESTIONS**

If you have any comments, concerns, or questions regarding the conduct of this research please contact the research team listed on the first page of this form.

If you have concerns or complaints about the research study, research team, or questions about your child’s rights as a research participant, please contact Research and Sponsored Programs, One University Drive, California State University, Channel Islands, Camarillo, CA 93012, or phone 805-437-8495, or email: irb@csuci.edu.

**VOLUNTARY PARTICIPATION STATEMENT**

You should not sign this form unless you have read it and been given a copy of it to keep. **Participation in this study is voluntary.**  Your child may refuse to answer any question or discontinue his/her involvement at any time without penalty or loss of benefits to which you and your child might otherwise be entitled. Your decision will not affect your relationship with California State University, Channel Islands. Your signature below indicates that you have read the information in this consent form and have had a chance to ask any questions that you have about the study.

[Pick a statement based on the age of the minor]

If your child is 9 years of age or older he/she will be provided with an assent form that explains the study in language understandable to a child. A member of the research team will also read the form to your child and answer any questions your child may have. Your child will be asked to sign the form only if he/she agrees to be in the study. If your child does not wish to be in the study he/she will not be asked to sign the form. In addition, if after signing the assent form your child changes his/her mind your child is free to discontinue his/her participation at any time.

-OR-

If your child is younger than 9 years then an assent form will not be provided, but a member of the research team will explain the study to your child and ask your child whether or not he/she wishes to participate. If your child declines to participate then your child will not be included in the study. Additionally, if your child says yes and declines later your child will be withdrawn from the study at his/her request.

**I agree to allow my child to participate in the study.**

[If any part of the study is audio or video recorded, include a check box or signature line for consent to be audio and/or video recorded and provide video or audio release form to parent/guardian.]

For example:

\_\_\_ My child may be audio recorded.

\_\_\_ My child may not be audio recorded.

\_\_\_ My child may be video recorded.

\_\_\_ My child may not be video recorded.

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Parent or Guardian Signature Date

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Printed Name of Parent or Guardian

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Researcher Signature Date

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

Printed Name of Researcher

**RESEARCH TEAM**

**Researcher:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address

**(If researcher is a student include) Faculty Advisor:**

Name

[Program Name]

One University Drive

Camarillo, CA 93012

Telephone Number

Email Address