

PARENT CONSENT FORM

[*customize sections in red to refer to information specific to your study]*

Northern Michigan University

*DEPARTMENT PROJECT TITLE*

*IRB APPROVAL NUMBER (when you receive it)*

**What is the purpose of this study?** *State that the study involves research; explain in non-technical language the purpose of the research.*

**What will my child/ward do in this study?** *Describe the procedures to be followed and their purpose; and identify any procedures that are experimental.*

**How long will it take my child/ward to do this?** *Describe the expected duration of the child’s participation.*

**Are there any risks of participating in the study?** *Describe any risks and/or discomforts to the child’s that can reasonably be expected as a result of participating in this study.*

**What are the benefits of participating in the study?** *Describe any benefits to the subject, society, or both that can reasonably be expected from the research*

**Will anyone know what my child/ward does or says in this study (Confidentiality)?** *Explain whom will have access to the data. Explain how the data will be stored and how long it will be used for research (this may be indefinite).*

**Will my child/ward receive any compensation for participation?** *Describe the amount and nature of any compensation or fee to be paid to the subject for participating in the study.*

**Is there a different way for my child/ward to receive this compensation or the benefits of this study?** *Disclose appropriate alternative procedures, if any, that might be available to the subject.*

You are free to refuse to allow your child/ward to participate in this research project or to withdraw your consent and discontinue your child/ward’s participation in the project at any time without penalty or loss of benefits to which you are otherwise entitled. Your participation will not affect your child/ward’s or your relationship with the institution(s) involved in this research project.

If you have any further questions regarding your rights as a participant in a research project you may contact Dr. Lisa Schade Eckert of the Human Subjects Research Review Committee of Northern Michigan University (906-227-2300) leckert@nmu.edu. Any questions you have regarding the nature of this research project will be answered by the principal researcher who can be contacted as follows: Dr. XXX (906-227-XXXX) XXXX@nmu.edu.

*My signature below indicates that all my questions have been answered. I agree to allow my child participate in the project as described above.*

Signature of Parent/Guardian Date Signed

Name of Child/Ward

***A copy of this form has been given to me.***

Parent/Guardian Initials

**For the Research Investigator**—I have discussed with this subject the procedure(s) described above and the risks involved; I believe he/she understands the contents of the consent document and is competent to give legally effective and informed consent.

Signature of Responsible Investigator Date Signed