**Instructions:** Keep all non-bracketed text as is while addressing the issues in brackets as appropriate to your study. When you have addressed the issue in each bracket, delete that bracket. All brackets should be deleted before sending this form to the IRB for review. Address every area in brackets on the form. Bolded sections should remain bold. Note that there are brackets in the last few paragraphs; please do not forget to address those.

Adapt the form so participants will understand it, but do not leave out any sections unless the instructions in that section specifically indicate that you can do so.

Be prepared to give every participant a copy of their signed consent form.

Delete this paragraph and every sentence above it before you finalize the form. The below line (with your project title) and the words Parent/Guardian Permission Form should be the first line in the form.

**[Project title] Parent/Guardian Permission Form**

[Researcher’s name]

Supervisor: [Supervisor’s name if applicable (e.g., thesis advisor); if not, leave this line out]

Colorado College Department of [fill in department name]

Department Phone Number: [fill in phone number of department staff assistant, including international calling code if research is taking place outside the U.S.]

[Your email address]

Research supported by [include name of any funding source here; do not use if project is not funded]

Key information about this research study

The following is a short summary of this study to help you decide whether to permit your child to be a part of the study. More detailed information is provided later in the form.

Your child is invited to take part in a research study about [state your topic clearly here].

**What is the purpose of the study?** [Provide a brief description of the study’s purpose, no more than three to four sentences at most.]

**What will your child be asked to do if they participate in the study**? [Briefly describe what participants will do, including all activities or tasks. Use no more than three to four sentences.]

**How long will it take your child to participate in the study?** [Include the approximate amount of time it will take participants to complete all tasks or components of the study. Do not underestimate the amount of time in order to convince people to participate.]

**What are reasons your child might choose to volunteer for this study?** [Include any possible benefits to the participant. These might include incentives such as compensation or entry in a drawing for a prize if relevant. If there are no benefits to participants, list benefits to other people, to your field of knowledge, or to society more broadly. Do *not* list benefits to yourself such as thesis completion.]

**What are reasons your child might choose not to volunteer for this study?** [List any known emotional, physical or other risks in the plainest possible language. If there are any specific conditions or situations that would cause someone to be at risk of any kind of harm as a result of participating in the study, specify those conditions or situations here so a potential participant can choose not to participate at this point. If there are no anticipated risks of harm, use the following text: “We do not expect your child to experience any kind of harm or discomfort if they participate in this study, beyond what they would experience in everyday life.” Do *not* include the quotation marks if you use this sentence.]

**Does your child have to take part in the study?**  Taking part in this study is completely voluntary. Your child should only decide to take part in the study because they want to do so. If they choose to be in the study they can withdraw at any time without consequences of any kind. [Indicate that participants can choose to skip any question, participate in only some tasks, etc. as appropriate to the study.] Participating in this study does not mean that you are or that your child is giving up any legal rights.

**What if you or your child have questions, suggestions, or concerns?** The person in charge of this study is [include your name here]. You can contact [name] at [email address] or [department staff assistant phone number; include international calling code if your research is taking place outside of the US.]

If you have any questions about whether your child has been treated in an illegal or unethical way, contact the Colorado College Institutional Research Board chair, Dr. Amanda Udis-Kessler at 719-227-8177 or audiskessler@coloradocollege.edu. [Add international calling code to this phone number if your research is taking place outside the U.S.]

Detailed information about this research study

**Why is your child being asked to take part in this research study?** [Include a statement about why the individual is being invited to participate specific to some identity or characteristic they have. The statement should begin, “Your child is being asked to take part in this study because…”]

**What is the purpose of this study?** [State that the study involves research and explain the purpose of the research. This should expand on the answer given above and should put it in a larger context. Avoid using technical terms or jargon.]

**What will your child be asked to do if they participate in the study**? [Describe in complete detail what participants will do, including all activities or tasks. If there are multiple tasks or parts to the study, describe them in the order in which they occur. The parent/guardian should have a clear understanding of what their child will be expected to do or to experience if they participate.]

[In a separate paragraph, indicate whether you will use audio recording, video recording, or photography. If taking photographs or using video recording, indicate that parents/guardians will sign a separate photo/video release form. Indicate that parents/guardians can choose for their child not to be recorded or photographed if they prefer.]

[In a separate paragraph, explain where the study is taking place, the dates, and the times. You are adding this because participants will receive a copy of the consent form after they sign it and may want to have a record of this information.]

**Will your child be told everything about what is happening to them and about what they will be asked to do in the study?** [Answer this question using one of the following two options, leaving out the quotation marks and question numbers: (1) “This study does not involve any deception. This consent form describes exactly what your child will do and what will happen to them in the study.” (2) “There are parts of the study that we cannot tell your child about ahead of time. Everything will be explained to you and to them at the end of the study. Permitting your child to participate in the study means that you agree that some information about the study will be withheld until the study’s end and that you are willing to permit them to participate anyway.”]

**How long will it take your child to participate in the study?** [Include the approximate amount of time it will take participants to complete all tasks or components of the study, breaking down the total time so that parents/guardians know how long each part will take. If participation requires more than one session, note how many sessions are involved and how long each one will take, as well as the entire span of time from the first session to the last in number of days. As noted above, do not underestimate the amount of time in order to convince people to participate.]

**With whom will your child interact during the study?** [List your name here and add any other names as relevant.]

**Is there any way that being in this study could cause your child harm or discomfort?** [Answer this question by expanding on the answer to the question of why someone might not want to be in the study, asked above. If it will be difficult keeping information confidential, and if a breach of confidentiality could harm a participant, mention that possibility here. You may use the sentence about no expected harm beyond that of everyday life, provided in that answer, again without the quotation marks.]

**Are there any ways that being in this study will benefit your child?** [Answer this question by expanding on the answer to the question of why someone might want to be in the study, asked above. Do not include answers about benefits to society or to academic knowledge here; only provide answers that address benefits to participants specifically. If there are no personal benefits to the participant, say that here.]

**Who will know about your child’s participation in this research, or about what they said or did in the research?** [Explain how you will keep the participant’s identity confidential and their information private to the extent that it this is possible. Describe how this will be done: will data be kept in a locked drawer? Kept on a personal computer? Will recordings be destroyed after transcription? Will data be de-identified and assigned a number or a pseudonym? Use the following sentence, without quotation marks: “Any report of this research that is made available to the public will not include your child’s name or any other individual information by which your child could be identified unless you have specifically given permission for your child to be identified publicly.” If you wish to use people’s real names or identifying information in your report, you will need to receive permission for such use. Also, if you are unable to guarantee confidentiality for any reason, say that here, as some people might not wish to allow their child to participate in this circumstance.]

[In a separate paragraph, indicate whether anyone other than the researcher(s) might see the information for any reason as part of the research process, and who they would be.]

[In a separate paragraph, if relevant, explain that the small number of participants in the study might make it more likely that the participant could be identified. If this is the case, indicate how many participants you expect to have in the study.]

**What will happen to your child’s information after this study is over?** [Indicate whether you will keep the information to use for future research or for other purposes, or whether you will destroy the information. If you plan to keep the information, indicate that any identifying information will be securely stored separately from other research information. If you plan to destroy the information, indicate that both identifying information and other research information will be destroyed.]

[In a separate paragraph, indicate whether you will share the participant’s research information with other researchers or not. If you think you might want to share the participant’s research information with other researchers later, include the following sentence: “I [or “We] may share your child’s research information with other researchers without asking for your permission again, but it will not contain information that could directly identify your child.”

[In a separate paragraph, if relevant, indicate that the research information will be included in a public repository of some sort, explain why, and clarify that no identifying information will be included.]

**What happens if you do not want your child to participate in this study?** [Indicate that the child does not need to participate and that nothing bad will happen if they do not participate.]

**What happens if your child starts to participate in the study but changes their mind? What happens if you change your mind about your permission?** [Indicate that the child can leave the study at any time and it will not be held against them, nor will leaving the study lead to any bad outcomes. If leaving the study could lead to bad outcomes, say that clearly and indicate what those outcomes are. Indicate that the participant should let you know if they are leaving the study. If you are audio or video recording the child’s activities in the study or taking photographs of them, let the parent/guardian know that the recordings or photographs will be destroyed if their child withdraws from the study.]

**What happens if your child participates in the study and gets injured or has other problems as a result of participating**? [Indicate the likelihood of physical, psychological, or any other form of harm that could reasonably be expected to result from participating. Indicate any steps that you are taking to minimize the risk of harm. Indicate that the parent/guardian should contact you as soon as possible if their child experiences an injury or any other problems as a result of participating in the study. Indicate any support that you or co-researchers can provide in such a situation (medical, financial, etc.).]

[In a separate paragraph, if relevant, provide contact information for anyone who can provide help or treatment in the case of a study-related injury or other problem. If your resources include people who work at Colorado College, Provide their name, their office, their phone number and their email address.]

**Who can you talk to if you have questions about the study?** [Indicate that you are the person to contact about the study and give your name again. Indicate that participants can contact you at your email address or by phone; provide the department staff assistant phone number, including the international calling code if your research is taking place outside of the US.]

If you have any questions about whether your child has been treated in an illegal or unethical way, contact the Colorado College Institutional Research Board chair, Dr. Amanda Udis-Kessler at 719-227-8177 or audiskessler@coloradocollege.edu. [Add international calling code if your research is taking place outside the U.S.] Add, without the quotation marks: “Dr. Udis-Kessler can be reached by mail at the following address:

Dr. Amanda Udis-Kessler, IRB Chair

Colorado College

14 E. Cache la Poudre Street

Colorado Springs, CO 80903 [add USA if research is taking place outside the US]”

**Statement of Permission for Child to Participate**: I have read the above information, and have received answers to any questions. If I have more questions later, I have been told who to contact. By signing this document, I give permission for my child to take part in the research study of [topic of research]. I understand that I will be given a copy of this form to keep for my records.

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Parent’s/Guardian’s Signature Child’s Name (Please Print) Date

[If the research involves audio recording, include the material immediately below. If not, delete it.]

This research involves audio recording. Check one of the following options.

\_\_\_\_\_\_ I agree that my participation in the study may be audio recorded.

\_\_\_\_\_\_ I do not agree that my participation in the study may be audio recorded but I am willing to participate if audio recording is not used.

[If the research involves photography, include the material immediately below. If not, delete it.]

This research involves photography. Check one of the following options.

\_\_\_\_\_\_ I agree to be photographed as part of the study, and I agree to sign a photo/video release form.

\_\_\_\_\_\_ I do not agree to be photographed as part of the study but I am willing to participate if I am not photographed.

[If the research involves video recording, include the material immediately below. If not, delete it.]

This research involves video recording. Check one of the following options.

\_\_\_\_\_\_ I agree that my participation in the study may be video recorded, and I agree to sign a photo/video release form.

\_\_\_\_\_\_ I do not agree that my participation in the study may be video recorded, but I am willing to participate if video recording is not used.

to permit them to participate if video recording is not used.

I, [researcher’s name], have explained the study to the parent/guardian and have answered all of their questions. I believe that they understand the information described in this permission form and that they freely permit their child to be in the study.

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Researcher’s Signature Researcher’s Printed Name Date