**Parental Permission Form**

Institutional Review Board | Ouachita Baptist University

*This form is distributed to parents of minors participating in approved IRB studies.*

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| **Please read this agreement carefully before you decide**  **to allow your child to take part in the study.** | | | | | | | | | |
| **Project Title** | | | | | | | | | |
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| **Purpose of Study** | | | | | | | | | |
| The purpose of this study is… | | | | | | | | | |
| **Required Tasks in the Study** | | | | | | | | | |
| If you agree for your child to participate in the study, she or he will be asked to do the following: | | | | | | | | | |
| **Dates of Study** | | | | | | | | | |
|  | | | | | | | | | |
| **Location of Study** | | | | | | | | | |
|  | | | | | | | | | |
| **Time Commitment** | | | | | | | | | |
| Number of Sessions |  | | Time Per Session (minutes or hours) |  | | Total Project Time  (hours) | | |  |
|  | | | | | | | | | |
| **Risks of Participation** | | | | | | | | | |
| There are minimal risks and inconveniences to participating in this study. These include: | | | | | | | | | |
| **Safeguards** | | | | | | | | | |
| To minimize these risks and inconveniences, the following measures will be taken: | | | | | | | | | |
| **Benefits of Participation** | | | | | | | | | |
| This study may help us understand [indicate benefits to the individual, university, and/or humanity]. | | | | | | | | | |
| **Compensation** | | | | | | | | | |
| [If participants are NOT compensated, indicate “Neither you nor your child will receive payment for participating in the study.”]  [If payment, gift card, or credit is being offered, provide a brief explanation.] | | | | | | | | | |
| **Confidentiality** | | | | | | | | | |
| Your child’s responses and information will be handled confidentially and may be assigned a code number. Any list connecting you or your child’s name to this number will be secure. Regardless, neither your name nor your child’s name will be used in any report.  Data collected from the study will be stored [explain how data will be stored].  Only [list of individuals] will have access to the data collected. The data will be retained for [number of years] after the study and will then be disposed of by [indicate disposal method]. | | | | | | | | | |
| **Voluntary Participation** | | | | | | | | | |
| Your child’s participation in the study is completely voluntary. Your child may decline participation at any time. You may also withdraw your child from the study at any time. There will be no penalty. [You may also add: “It will not affect your child’s grade, treatment/care, etc.”] Likewise, if your child chooses not to participate or to withdraw from the study at any time, there will be no penalty. | | | | | | | | | |
| **Alternatives to Participation in the Study** | | | | | | | | | |
| [Include this section only if there is an alternative activity for children who do not participate in the study. This usually applies to survey and curriculum design studies. If so, indicate: “If you decide not to participate in this study, your child will have the option to (explain how those who decline to participate will spend their time while participants will engage in the research activities).”] | | | | | | | | | |
| **Contacts** | | | | | | | | | |
| For questions and concerns about the study, contact:  [Name], Principle Researcher  [Department or Program]  Ouachita Baptist University  OBU Box [nnnn]  410 Ouachita Street  Arkadelphia, Arkansas 71998-0001  [email address]  [phone number]  [Name], Faculty Sponsor  [office phone number] | | | | | For questions regarding your rights in this study, contact:  Jeanie Curry, Chair  Institutional Review Board  Ouachita Baptist University  OBU Box 3671  410 Ouachita Street  Arkadelphia, Arkansas 71998-0001  (870) 245-5248 | | | | |
|  | | | | | | | | | |
| **Parent’s Consent** | | | | | | | | | |
| By signing below, you are giving consent for your child to participate in the above study. If audio and/or video recording is involved in this study, please indicate your preference by checking one of the following options:  I give permission for my child to be audio and/or video recorded.  I do not give permission for my child to be audio and/or video recorded. | | | | | | | | | |
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| **Child’s Name** | |  | | | | | | | |
|  | | | | | | | | | |
| **Parent’s Name** | |  | | | | | | | |
|  | | | | | | | | | |
| **Parent’s Signature** | |  | | | | | **Date** |  | |
|  | | | | | | | | | |

*You will receive a copy of this completed form.*

*If you would like a summary of the results of this study, please contact the principal researcher.*