

Institute for Clinical Social Work
Research Information and Parent Permission Form for Participation in Social Behavioral
Research
[Insert Study Title]

What is the purpose of this research study?

The purpose of this research study is to.....

What will my child be asked to do if I allow him/her to participate in this study?

Short paragraph describing the protocol, measures, and duration.

Parents please be aware that under the Protection of Pupil Rights Act.20.U.S.C. Section 1232(c)(1)(A), you have the right to review a copy of the questions asked or of materials that will be used with your children. If you would like to do so, you should contact _____, at _____ to obtain a copy of the questions or materials.

What are the risks for my child's participation in this study?

List any known risk, including inconveniences or negative emotional responses that may occur as a result of participation. State what measures will be taken to minimize discomfort/hazards and what reimbursement/treatment will be given should possible risks materialize. If you cannot predict the risks because there is no body of knowledge concerning a procedure like the one you are using, state that the risks cannot be predicted.

What are the costs for my child's participation in this study?

Describe any monetary costs to the participation (for travel, tests, etc.). If the costs are being covered by a sponsor or by the researcher, state that. If there are no costs associated with participation, state that explicitly.

How will the privacy and confidentiality of my child be protected?

Define clearly how the participant's privacy and the confidentiality of data will be protected. Outline the procedures for keeping identifiable data separate from the rest of the research data and describe how the data will be disposed of.

Subject Assurances

The following is the format that should be followed in creating assurances:

By signing this consent form, I agree to allow my child _____ (child's name) to take part in this study. I have not given up any of my child's rights or released this institution from responsibility or carelessness.

I understand that I may take my child out of this study at any time without penalty or loss of benefits. My relationship with the staff of ICSW will not be affected in any way, nor or in the future, if my child refuses to take part, or if he/she begins the study and then withdraws.

If I have any questions about the research methods, I can contact _____ (Principle Researcher) or (Dissertation Chair/Sponsoring Faculty), at this phone number _____.

If I have any questions about my child's rights as a research subject, I may contact Dr. John Ridings, Chair of Institutional Review Board; ICSW; At Robert Morris Center, 401 South State Street; Suite 822, Chicago, IL 60605; irbchair@icsw.edu.

Signatures

[All consent forms must be signed and dated. They must be explained to the participants and witnessed by the person who is explaining the procedure.]

Please check the appropriate box(es) and provide your signature and date below.

My child's name is _____
Print Name Date of Birth

- YES**, I give my permission for my child to participate in this research study. **OR** **NO**, I do not give permission for my child to participate in this research study.

Parent/Guardian Signature Print Name Date

I certify that I have explained the research to _____ (Name of parent) and believe that they understand the study and have agreed to allow their child to participate freely. I agree to answer any additional questions when they arise during the research or afterward.

Signature of Researcher Date