Parental Consent to Participate in a Research Study
Pitzer College

Title of Study:

Investigator(s):
(List Name, Field Group/Department, Telephone number for each Investigator)

Introduction
• Your child is being invited to be in a research study of [insert general statement about study].
• S/he was selected as a possible participant because [explain how subject was identified, include any exclusionary criteria].
• We ask that you read this form and ask any questions that you may have before allowing your child to participate in this study.

Purpose of Study
• The purpose of the study is [explain research question and purpose in lay language].
• Ultimately, this research may be [published as part of a book on..., presented as a paper, etc.].

Description of the Study Procedures
• If you decide to allow your child to participate in this study, s/he will be asked to do the following things: [explain procedures and tasks; identify any procedures that are experimental; describe length of time for participation, frequency and duration of procedures; etc.]
*If applicable, explain any alternative procedures or courses of treatment available to the subject.

Risks/Discomforts of Being in this Study
• [If there are no foreseeable risks, state as such] There are no reasonable foreseeable (or expected) risks to your child other than those of everyday life.
• The study has the following risks. [Explain all risks, including the likelihood of each risk].

Benefits of Being in the Study
• [If there are no expected direct benefits to the participant, state as such.] [Compensation is not a benefit and learning about how experiments are conducted, or having the "opportunity to interact with investigators" is NOT a benefit of participating in a study].
• Indirect benefits to participation are [explain how subjects might benefit; e.g. contribution to knowledge, etc.]

Confidentiality [choose one of the following]
1. This study is anonymous. We will not be collecting or retaining any information about your child’s identity.
2. The records of this study will be kept strictly confidential. Research records will be kept in a locked file, and all electronic information will be coded and secured using a password protected file. [For all data, including audio or video tape recordings, explain specifically who will have access to them, how long the data will be kept, if they will be used for educational purposes, and when and how they will be erased or destroyed.] We will not include any information in any report we may publish that would make it possible to identify your child.
3. If you will be asking people to disclose their child’s identity: With your permission, we will identify your child in the material published. However, you will be given the opportunity to review and approve any material that is published about your child. [If this option is used, include Waiver of Confidentiality – see below].

- All consent forms should include the following language:
  Confidentiality of information obtained in this research will be held confidential to the extent permitted by law. However, should any information contained in this study become the subject of a court order or lawful subpoena, Pitzer College might not be able to avoid compliance with the order or subpoena.

- Under some circumstances, it may also be appropriate to include the following:
  I understand that there are two exceptions to any promise of confidentiality. If information concerning suicide, homicide, or child abuse and neglect is revealed, it is required by law that this be reported to the proper authorities. In addition, should any information contained in this study become the subject of a court order or lawful subpoena, Pitzer College might not be able to avoid compliance with the order or subpoena.

Compensation
- [If there will be no compensation, state this.]
- If the subject will receive a cash or other incentive for participating, that should be listed here -- NOT under Benefits.
- You/your child will receive the following payment/reimbursement: [explain amount of payment or other reimbursement information (e.g., raffles, tokens, donations, etc.), as well as when payment and/or reimbursement will occur.]

Right to Refuse or Withdraw
- The decision to participate in this study is entirely up to you and your child. You are welcome to observe the interview if you wish. Your child may refuse to take part in the study at any time without affecting their or your relationship with the investigators of this study or Pitzer College or losing benefits to which you are otherwise entitled. Your child has the right not to answer any question he/she does not wish to answer, as well as to withdraw completely from the interview at any point during the process; additionally, you have the right to withdraw your child from the research at any time or to have them not answer a question or questions.

Right to Ask Questions and Report Concerns
- You have the right to ask questions about this research study and to have those questions answered by me before, during or after the research. If you have any further questions about the study, at any time feel free to contact me, [name] at [email] or by telephone at [phone number]. If you like, a summary of the results of the study will be sent to you. If you have any other concerns about your child’s rights as a research participant that have not been answered by the investigators, you may contact Pitzer College Institutional Review Board (IRB) at irb@pitzer.edu
- If you have any problems or concerns that occur as a result of your child’s participation, you can report them to the IRB at the email address above.

Consent
- Your signature below indicates that you have decided to allow your child to participate as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep, along with any other printed materials deemed necessary by the study investigators.
- Your signature below indicates that you are at least 18 years of age.
Name of Parent/Guardian (print): ________________________________

Signature of Parent/Guardian: ____________________________ Date: __________
Signature of Investigator(s): ____________________________ Date: __________

………………………………………………………………………………….

[use this section if using audio or video recording:] 

1. I agree to let my child be taped [audio or video] for this interview:

Name of Parent/Guardian (print): ________________________________

Signature of Parent/Guardian: ____________________________ Date: __________ 
Signature of Investigator(s): ____________________________ Date: __________

2. I agree to let my child be interviewed, but I do not want the interview to be taped:

Name of Parent/Guardian (print): ________________________________

Signature of Parent/Guardian: ____________________________ Date: __________ 
Signature of Investigator(s): ____________________________ Date: __________