OAKLAND CITY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

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Parental Permission Form for Child's Research Participation

Form Instruction Guide and Checklist

The Parental Permission Form for Child's Research Participation form is a Microsoft Word document that allows information to be typed directly into the form or copied and pasted from another document. Information submitted for each section of the form should follow any format requirements specified and should be thorough and complete. No part of the form should be altered or deleted.

☐ ABOUT THIS RESEARCH

Enter the following information:

- The project title.
- The name of the primary researcher. If this form is being completed as part of a research project being conducted by a student, delete "Principle Investigator:" from the form.
- The name of the student researcher. If this form is being completed by a researcher other than a student, delete "Student Researcher:" from the form.
- Insert the OCU IRB number. This number is provided to faculty, staff, and student researchers by the Office of Assessment and Institutional Effectiveness when the certificate of IRB training sent to the student by electronic mail.

☐ TAKING PART IN THIS STUDY IS VOLUNTARY

Insert the paragraph included as part of the template.

If applicable, include the following statement in a black font: Any significant new findings developed during the research that may relate to your willingness to continue participating will be shared.

☐ WHY IS THIS STUDY BEING DONE?

Enter the following information:

- Explain the purpose of the research study.
- Explain how the child was identified or selected to participate in the research study.
- Identify the researcher's affiliation at Oakland City University

☐ HOW MANY PARTICIPANTS WILL TAKE PART?

Enter the number of participants the researcher anticipates will participate in the study.

☐ WHAT WILL YOUR CHILD DO IF HE OR SHE PARTICIPATES IN THIS STUDY?

Explain what the participant will be asked to do, including activities/tests (e.g., number of visits, documents that will need to be completed, group functions participant will need to attend, etc.].

- Provide a clear, concise, and complete description of what subjects will do or experience.
- Describe activities in chronological order to the extent possible.
- If there are many procedures, use a table, lists, or subheadings to organize this information.
- How much time will each activity/visit last?

Insert an expected length of time--include the total time commitment, the number of visits/sessions involved, and the length of each visit/session.

Identify where the study will be conducted.

NOTE: If the parent is also a participant in the study, include a section describing what research tasks the parent will be asked to do OR create a separate consent form addressing the parent as a participant.

☐ WHAT ARE THE POSSIBLE RISKS OR DISCOMFORTS ASSOCIATED WITH PARTICIPATING?

Explain any foreseeable risks and/or discomforts to subjects here regarding each of the activities completed in the study. Keep in mind that risks are not always immediate -- anger, emotional upset, or stress may appear later.

☐ WHAT ARE THE POTENTIAL BENEFITS OF PARTICIPATING IN THE STUDY?

Briefly discuss the potential benefits of participating in the study. Three sample statements are provided, but the researcher can develop their own statement.

☐ HOW WILL MY CHILD'S INFORMATION BE PROTECTED?

Provide information on how the information provided by a child will be protected. Sample information is included in the permission form template

☐ WHO WILL PAY FOR TREATMENT IF MY CHILD IS INJURED?

This section will be completed by the researcher only if the research involves more than minimal risks to the research participants. Otherwise, delete this section.

☐ THE USE OF INFORMATION IN FUTURE STUDIES

The researcher should adjust the data sharing language included in this section as needed to fit your study.

☐ FINANCIAL INFORMATION

If a researcher has a financial interest in this study, insert the following statement – "One or more individuals involved in this study may benefit financially from this study. The Institutional Review Board (an ethics committee that helps protect people involved in research) ("IRB") has reviewed the possibility of financial benefit. The IRB believes that the possible financial benefit is not likely to affect your safety and/or the scientific integrity of the study. If you would like more information, please ask the researchers or study staff." If no one does, please delete the entire section.

☐ WHAT ARE MY RIGHTS AS A RESEARCH PARTICIPANT?

Insert the first paragraph presented in the permission form template.

Insert the second paragraph presented in the permission form template or an alternative statement indicating that any information collected from the participant will not be used if the participant decides to withdraw before finishing the study

☐ DOES THE RESEARCHER HAS A FINANCIAL INTEREST IN THE STUDY?

If an investigator/researcher has a financial interest in this research, insert the statement included on the form template. If not, delete the entire section.

☐ WHAT IF I AND/OR MY CHILD ARE OCU STUDENTS AND/OR EMPLOYEES?

Insert the paragraph provided in the permission form template if the research participants are OCU students or employees. If no student participant is an OCU student or employee, this section can be deleted from the template.

☐ WHO SHOULD I CONTACT IF I HAVE QUESTIONS OR CONCERNS ABOUT THIS STUDY?

Insert contact information for the principal investigator or the student researcher, including their contact information, including name, telephone number, and email address.

The telephone number for the IRB is (812) 749-1431.

☐ PARENTAL CONSENT

Insert the following statement from the form template: I have read this form, and the research study has been explained to me. I have been given the opportunity to ask questions, and my questions have been answered. If I have additional questions, I have been told whom to contact. I agree to allow my child to participate in the research study described above and will receive a copy of this consent form.

Optional Study Elements: Include optional information if other explicit consents for optional elements of the research procedures, such as audiotaping, videotaping, storing photographs for future use, or using the subjects' actual name in research publications are being made.

Fully complete the following to align with the optional student elements being used during the research:

Initial one of the following to indicate your choice:

_____ (initial) I agree to…

_____ (initial) I do not agree to…

Examples of optional study elements are provided that include Consent to Quote from an Interview and Consent to Audio-Record Interview.

If the research is taking place in an educational setting, the following paragraph should be included: Parents, please be aware that under the Protection of Pupils Rights Act (20 U.S.C. Section 1232(c)(1)(A)), you have the right to review a copy of the questions asked of or materials that will be used with students. If you would like to do so, you should contact [insert the name of the Principal Investigator or Student Researcher] to obtain a copy of the questions or materials.

Note: Template areas presented in the **red** font can be deleted upon the completion of the form.