FORM E
CSUDH Institutional Review Board (IRB)
Parental Permission for Child to Participate in Research (template)

Note to investigators: Informed consent is the knowing consent of an individual or his/her legally
authorized representative and must be obtained without undue inducement, force, fraud, deceit,
duress, or other forms of constraint or coercion.

The consent document should be worded in the second person and must be adjusted for the
educational background, age, language, or other characteristics of the subject population. Avoid
jargon. For the general public, it is recommended that you not exceed a 5th grade reading level.
Separate forms are used to obtain parental permission for a minor child’s participation and for the
child’s agreement to agree to participate.

Use the following format in non-exempt research that will involve minor children. The items in
bold italics should be included verbatim, however you do not need to put them in italics in your
consent document. Use the section headings identified in the template.

TEMPLATE

California State University, Dominguez Hills

Parental Permission/Informed Consent to Participate in Research

(insert the study title)

You are being asked to allow your child to participate in a research study. Before you give
your permission, it is important that you read the following information and ask as many
questions as necessary to be sure you understand what your child will be asked to do.

Investigators: Provide the name and academic degrees of all investigators involved in the study,
the department, institution, and phone number. If you are a student, include the name of the
person supervising your research.

Purpose of the Study: Provide an explanation of what the study is designed to accomplish using
language that is clear to the target audience. Include the number of subjects being recruited and
the eligibility criteria used to identify prospective participants.

Description of the Study: Describe the procedures that will involve the subject, the location where
the research will be conducted, and the expected duration of each activity. (For instance, “If you
agree to allow your child to participate, s/he will be asked to sort several colored shapes that
appear on a computer screen. This will take place during normal school hours in your child’s
classroom and will take no more than fifteen minutes.”) If there will be interviews or
questionnaires, indicate the types of questions or topics that will be covered. If there are any
procedure that is experimental (a new drug or device or intervention), identify and describe it
briefly. If none of the procedures is experimental in nature, include a statement like the following:
“None of the procedures [or questionnaires, if applicable] used in this study is experimental in
nature. The only experimental aspect of the study is the gathering of information for the
analysis.”

Risks or Discomforts: Risks can be social or psychological as well as physical. Do not assume
that there are no risks although they may be minimal. Identify the risks or discomforts the subject
might encounter as a result of participation. Outline the provisions you have made to minimize or
eliminate them. (For example, “Your child may feel uncomfortable talking about his/her feelings or behaviors or may become frustrated when trying to complete an activity that is being measured. To minimize this discomfort, we will tell your child that s/he need only raise her/his hand to discontinue participation, either temporarily or permanently.”)

Benefits of the Study: Describe any benefits the subject can expect as a result of participating in the study, but include the following statement: “I cannot guarantee that you or your child will receive any benefits from this study.” If there are no benefits that can reasonably be expected, say so. If there are benefits to science or society, include a statement to that effect.

Alternative Methods of Treatment: IF the project involves medical or other interventions, identify appropriate alternative procedures or courses of treatment that might be available or advantageous to the subjects.

Confidentiality: Describe the extent, if any, to which confidentiality of records identifying the subject will be maintained (including how the data will be used and stored and who will have access to it). If video or audio tapes are to be used to record information, describe how they will be used, who will have access, how long they will be stored, and when they will be erased. Remember, confidentiality refers to recording but concealing the subject’s identity or codes linked to the individual’s identity. Anonymity means that the identity of the subject is not known to the researchers, and is never recorded or associated with the data collected.

Incentives to Participate: Occasionally incentives (cash, t-shirts, tickets to amusements or toy stores) are offered to participants to compensate them for their time and effort. If appropriate, describe what is being offered to the parent and/or child and what is required of the subject to obtain it. If there is a payment offered, state the amount and any formula for prorating the funds should the subject discontinue participation before completing the study. If there is no special incentive, just indicate that the participant will not be paid to participate in this study.

Voluntary Nature of Participation: Participation in this study is voluntary. Your decision of whether or not to allow your child to participate will not influence your future relations with California State University, Dominguez Hills [include the name of any other institutions(s) involved in the research, if appropriate]. If you decide to allow your child to participate, you are free to withdraw your consent and to discontinue his/her participation at any time without penalty or loss of any benefits to which you are otherwise entitled.

Questions about the Study: If you have questions regarding this study or your child’s rights as a human subject and participant in this study, you may call the investigator (name and campus phone number), or the Institutional Review Board for the Protection of Human Subjects at CSUDH, 310-243-3756. You may also write to the Office of Graduate Studies and Research, California State University, Dominguez Hills, 1000 E. Victoria Street, Carson, CA 90747.

Special Issues that typically apply to medical research or research involving physical intervention:

Costs for Participation: If there are costs associated with participation (e.g., tests, office visits, etc.), specify in detail the extent of these costs and who is responsible for paying them.

Compensation for injury (include this section if your study involves more than minimal risk): Indicate whether any medical treatments are available if injury occurs in the course of the research, and if so, what treatment is available and where further information can be obtained. (Samples are provided below.)
Your signature below indicates that you have read the information in this document and have had a chance to ask any questions you may have about the study. Your signature also indicates that you agree to allow your child to be in the study and have been told that you can change your mind and withdraw your consent at any time. You have been given a copy of this consent form. *You have also been given a copy of “The Research Participant’s Bill of Rights.” You have been told that by signing this consent form you are not giving up any of your legal rights.

*Include only for research involving medical experimentation.

Name of Participant (please print)

__________________________  ________________________
Signature of Parent or Guardian    Date

__________________________  ________________________
Signature of Investigator    Date

If you will be videotaping the child, you should use a separate signature line for that; some people will agree to participation, but not to having a videotape record.

Sample Statement – if injury is not covered by the study:

It is unlikely that participation in this project will result in harm to participants. If any complications arise, we will assist your child in obtaining appropriate attention. If your child needs treatment or hospitalization as a result of being in this study, you are responsible for payment of the cost for that care. If you have insurance, you may bill your insurance company. You will have to pay any costs not covered by your insurance. California State University, Dominguez Hills will not pay for any care or lost wages, or provide other financial compensation [include CSUDH Foundation if the research is funded]. However, if you feel you have a claim that you wish to file against the State [or the Foundation], please contact the Office of Academic Affairs (310-243-3307) to obtain the appropriate claim forms.

Sample Statement – if injury is covered by the study:

It is unlikely that participation in this project will result in harm to participants. If your child needs any treatment or hospitalization as a result of being in this study, all reasonable and customary medical expenses, above what your insurance will be paid by ____________ _______ as long as:

• You/your child have followed all of the directions of the study investigator;
• You/your child have notified the investigator immediately of the injury;
• You/your child have followed medical advice regarding the injury; and
• You/your child have not deliberately caused the injury.