**PEPPERDINE UNIVERSITY**

***(School Affiliation)***

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| **PARENT/LEGAL GUARDIAN CONSENT TO PARTICIPATE IN RESEARCH** |

**Note: PLEASE USE SECOND PERSON, SINGLE-SIDED, SINGLE-SPACED. DELETE INSTRUCTIONS IN BOLD PRIOR TO SUBMITTING THIS DOCUMENT)**

* **This model is flexible based on the type of research.**
* **Use language and simple sentences understandable to the average 8th -grader. If subjects don’t understand the study or procedures, they may not agree to participate.**
* **Instructions are provided below in bold, with example wording.**
* **Delete the instructions and, where applicable, the examples. Revise the document to be consistent with your study/procedures.**

**(INSERT TITLE OF THE STUDY)**

Your child is invited to participate in a research study conducted by **(insert names and degrees of principal investigator (including faculty advisor)** at Pepperdine University, because you are **(insert eligibility criteria).** Your son/daughter’s participation is voluntary. You should read the information below, and ask questions about anything that you do not understand, before deciding whether to participate. Please take as much time as you need to read the consent form. You may also decide to discuss participation with your family or friends. If you decide to allow your son/daughter to participate, you will be asked to sign this form. You will also be given a copy of this form for you records.

***(All text in the parentheses are instructions for how to complete that section. Be sure to delete this text before submitting the final version.)***

**PURPOSE OF THE STUDY**

The purpose of the study is…

***(State what the study is designed to assess or establish. Technical or complicated language should be avoided. Parent/legal guardian should be able to easily understand the purpose of the study and that it is research.)***

**STUDY PROCEDURES**

If your son/daughters agrees to voluntarily participate in this study, he/she will be asked to…

***(Describe the procedures in the order they will be administered or experienced using simple language, short sentences and short paragraphs. If several procedures will be used, the use of subheadings may help to organize this section and increase readability. If scientific terms need to be used, they should be defined and explained. If experimental procedures will be used, they should be identified as such. If survey or questionnaire instrument(s) are used, briefly describe the types of questions asked. If applicable to the study, clearly state participants will be photographed and/or audio/video-recorded. Clarify if the participant can still participate in this research study if they do not wish to be audio/video-recorded or photographed.)***

***(If applicable, specify the participant’s assignment to study groups, length of time for participation in each procedure, the approximate total length of time for participation, frequency of procedures, location where the procedures will be take place, etc. For research involving randomization, specify the randomization procedure, for example, “you will be assigned randomly, much like tossing a coin, into…...)***

**POTENTIAL RISKS AND DISCOMFORTS**

The potential and foreseeable risks associated with participation in this study include…

***(Describe any reasonable foreseeable risks, discomforts, inconveniences, including physiological risks/discomforts; describe any psychological, social, legal or financial risks to the participant, and how these will be minimized. If there are no anticipated risks, state so.)***

**GREATER THAN MINIMAL RISK:**

Participating in the study means that there is a potential risk as well as a probability and magnitude of harm or discomfort anticipated in the research which may be greater than what one would ordinarily encounter in daily life or during the performance of routine physical or psychological examinations as well as tests. ***More specifically…***

**POTENTIAL BENEFITS TO PARTICIPANTS AND/OR TO SOCIETY**

While there are no direct benefits to the study participants, there are several anticipated benefits to society which include:

***(Describe direct benefits from participating in the study. Also, state the anticipated benefit to society. If there are no anticipated benefits to the participant, state so. Note that as this is a research study, the benefits are contingent upon the results. The investigator can state only that benefits are anticipated, not that they will occur. In the vast majority of studies there are no direct benefits to study participants, therefore, address the anticipated benefits to society.)***

**PAYMENT/COMPENSATION FOR PARTICIPATION (IF NOT APPLICABLE**

**DELETE THIS SECTION)**

***(State whether the participant will receive payment/compensation or any other form of compensation, e.g. small gift, course credit, etc. If not, state clearly, “You will not be paid for participating in this research study” or remove the section. If participants receive payment, describe amount, when payment is scheduled, and pro-rated schedule should the participant decide to withdraw or is withdrawn by the investigator. If participants are reimbursed for expenses such as parking, bus/taxi, travel companion/assistant, etc., list payment. Note that even if they choose not the complete all items, they will or will not receive payment.)***

***EXAMPLES:***

***Example: You will receive $10 visa gift card for your time. You do not have to answer all of the questions in order to receive the card. The card will be given to you when you return the questionnaire.***

***Example: You will be entered into a drawing for an iPod. The drawing will be held at the end of the study and the winner notified via email.***

***Example: You will not be compensated for your participation; however parking will be provided for you.***

**POTENTIAL CONFLICTS OF INTEREST OF THE INVESTIGATOR (IF NOT APPLICABLE DELETE SECTION)**

**(A "Conflict of Interest (COI)" is a situation in which financial or other personal considerations compromise, or have the appearance of compromising, an individual's professional judgment in proposing, conducting, supervising or reporting research. If there appears to be a conflict of interest (COI) or there is a COI, include this section. Delete this section if there are no conflicts of interest.)**

1. **The investigator must disclose all financial or other personal considerations that compromise, or have the appearance of compromising, the investigator’s professional judgment in proposing, conducting, supervising, or reporting research. Conflicts include financial as well as non-financial interests. Conflicts include financial interests (stocks, stock options, or other ownership interests, whether traded publicly or not) in a research sponsor or licensee; management roles in a research sponsor, licensee, or other company having an economic interest in the outcome of the research; and using students to perform services in which an investigator maintains an ownership interest or management role.**
2. **In disclosing your proprietary interest and research interest in the informed consent, you may do so in general terms, in a manner consistent with IRB requirements. At a minimum, you must disclose the nature of the interest, such as a paid consultant, a lecturer, a board member, an equity ownership, or a management or supervisory role in the sponsoring company. Such conflicts should also be disclosed to the Vice Provost for Research.**

**CONFIDENTIALITY**

I will keep your son/daughter’s records for this study *(****anonymous*** *or* ***confidential – cannot be both)*** as far as permitted by law. However, if I am required to do so by law, I may be required to disclose information collected about you. Examples of the types of issues that would require me to break confidentiality are if you tell me about instances of child abuse and elder abuse. Pepperdine’s University’s Human Subjects Protection Program (HSPP) may also access the data collected.The HSPP occasionally reviews and monitors research studies to protect the rights and welfare of research subjects.

The data will be stored on a password protected computer in the principal investigators place of (***residence, office, etc…)***.The data will be stored for a minimum of three years. The data collected will be coded, de-identified, identifiable, transcribed etc…

*(If the data will be released to a third party or transcribed, please describe this process… if not applicable – then delete)*

***(State where and how the research data will be stored). [If applicable to the study, describe the participant’s right to review/edit the audio/video-recordings or transcripts, who will have access (including transcribers), if the audio/video-recordings will be used for educational purposes, describe how personal identities will be shielded/disguised and, if/when the audio/video-recordings will be erased (approximately). If the audio/video-recordings will be maintained indefinitely, state how anonymity or confidentiality will be maintained. If information will be released to any other party for any reason, state the person/agency to which the information will be furnished, the nature of the information, and the purpose of the disclosure. Give a brief description of how personal information, research data, and related records stored, etc., to prevent access by unauthorized personnel (list the personnel who have access).***

***EXAMPLES:***

***Example: There will be no identifiable information obtained in connection with this study. Your name, address or other identifiable information will not be collected.***

***Example: Any identifiable information obtained in connection with this study will remain confidential. Your responses will be coded with a pseudonym and transcript data will be maintained separately. The audio-tapes will be destroyed once they have been transcribed.***

***Example: The data will be stored on a password protected computer in the researcher’s office for three years after the study has been completed and then destroyed.***

**PARTICIPATION AND WITHDRAWAL**

Your son’s/daughter’s participation is voluntary. His/her refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. He/she and/or you may withdraw consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study.

***(If appropriate, describe the anticipated circumstances under which participation may be terminated by the investigator without regard to the participant’s consent.)***

**ALTERNATIVES TO FULL PARTICIPATION**

The alternative to participation in the study is not participating or completing only the items

which you feel comfortable.

***EXAMPLES:***

***Example: Your alternative is to not participate. Your relationship with your employer will not be affected whether you participate or not in this study.***

**EMERGENCY CARE AND COMPENSATION FOR INJURY (DO NOT DELETE THIS SECTION)**

**(For greater than minimal risk studies, include the “Emergency Care and Compensation” section which provides evening/emergency phone numbers.)**

If you are injured as a direct result of research procedures you will receive medical treatment; however, you or your insurance will be responsible for the cost. Pepperdine University does not provide any monetary compensation for injury

**INVESTIGATOR’S CONTACT INFORMATION**

I understand that the investigator is willing to answer any inquiries I may have concerning the research herein described. I understand that I may contact **(*insert name and contact information include email address for faculty supervisor or other collaborator****)* if I have any other questions or concerns about this research.

**RIGHTS OF RESEARCH PARTICIPANT – IRB CONTACT INFORMATION**

If you have questions, concerns or complaints about your rights as a research participant or research in general please contact Dr. Judy Ho*,* Chairperson of the Graduate & Professional Schools Institutional Review Board at Pepperdine University 6100 Center Drive Suite 500

Los Angeles, CA 90045, 310-568-5753 or gpsirb@pepperdine.edu.

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| **SIGNATURE OF PARENT OR LEGAL GUARDIAN FOR CHILD TO PARTICIPATE IN STUDY** |

I understand the procedures described above, and all of the benefits and risks to me and my child. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to participate in this study. I have been given a copy of this form.

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Name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian Date

**(Note: Second parent signature required when research study is deemed by the IRB to fall under 45 CFR 46.406 or 45 CFR 46.407 – greater than minimal risk classification. If the study is not greater than minimal risk, the second signature portion can be removed.)**

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Name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian Date

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| **SIGNATURE OF PARENT/LEGAL GUARDIAN FOR CHILD TO BE AUDIO/ VIDEO / PHOTOGRAPH**  |

I understand the procedures described above, and all of the benefits and risks to my child. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to allow my son/daughter participate in this study. I have been given a copy of this form.

**AUDIO/VIDEO/PHOTOGRAPHS *(If this is not applicable to your study and/or if participants do not have a choice of being audio/video-recorded or photographed, delete this section.)***

 □ *I agree to be audio/video-recorded /photographed* ***(remove the media not being used)***

 □ *I do not want to be audio/video-recorded /photographed* ***(remove the media not being used)***

Name of Participant

Signature of Participant Date

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| **SIGNATURE OF PARENT/LEGAL GUARDIAN FOR CHILD TO BE AUDIO/ VIDEO / PHOTOGRAPH**  |

I understand the procedures described above, and all of the benefits and risks to my child. I have been given a chance to ask questions. My questions have been answered to my satisfaction and I agree to allow my son/daughter participate in this study. I have been given a copy of this form.

**AUDIO/VIDEO/PHOTOGRAPHS *(If this is not applicable to your study and/or if participants do not have a choice of being audio/video-recorded or photographed, delete this section.)***

 □ *I agree to be audio/video-recorded /photographed* ***(remove the media not being used)***

 □ *I do not want to be audio/video-recorded /photographed* ***(remove the media not being used)***

Name of Participant

Signature of Participant Date

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| SIGNATURE OF INVESTIGATOR |

I have explained the research to the participants and answered all of his/her questions. In my judgment the parental/legal guardian is knowingly, willingly and intelligently agreeing to allow his/her son/daughter participate in this study. This person has the legal capacity to give informed consent to participate in this research study and all of the various components. This person also has been informed that (if applicable) participation is voluntary and that his/her son/daughter may discontinue their participation in the study at any time, for any reason. Finally, I have also verified that the person signing this consent form is the parental/legal guardian of the minor who is participating in the study.

Name of Person Obtaining Consent

Signature of Person Obtaining Consent Date