



## PARENT/LEGAL GUARDIAN CONSENT TO PARTICIPATE IN RESEARCH

- **The Parent/Legal Guardian Consent must be written in second person (i.e., use “you” and “your”). When combined with conditional language, utilization of the second person personalizes the consent form and reflects the existence of voluntary decision making on the part of the prospective subject.**
- **All forms should be submitted suitable for reproduction (printed single-sided or available electronically) using, at minimum, reasonable 12-point font and 1 inch margins. They must also be single-spaced.**
- **This model is flexible based on the type of research.**
- **Use language and simple sentences understandable to the average 8<sup>th</sup>-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.**

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 child'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 child to participate, you will be asked to sign this form. You will also be given a copy of this form for your 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...

## **STUDY PROCEDURES**

If your child agrees to voluntarily participate in this study, he/she will be asked to...

**Example:** This research will take your child about 30-45 minutes to do. First, we will train your child on a computer task. Then, your child will watch a short TV program. This may be a comedy show or an instructional program or a documentary show. Then your child will do a real computer task. This computer task involves choosing between one of four part-time or summer jobs.

**Example:** If your child agrees to voluntarily participate in this study, he/she will be asked to complete an online survey. The survey will take about 30 minutes to complete. He/she does not have to answer any questions he/she does not want to.

**Example:** Your child will be asked to do a series of tasks where he/she will see some photographs, objects, and places, and he/she will be asked to react, think about, or rate her/his feelings towards the photographs. Your child will also be asked to complete a series of questionnaires, some will ask him/her questions about feelings, some will ask whether he/she agrees or disagrees with certain statements, and some will ask questions about his/her general knowledge or vocabulary.

**Example:** If your child agrees to voluntarily participate in this study, he/she will be asked to complete the following procedures:

### **Online Survey:**

Your child will be asked to complete an online survey, which should take no more than 10 minutes to complete.

### **Focus Group Interview:**

Your child may also be asked to participate in an audio-taped focus group interview. The focus group consists of two or more people and will take about an hour to complete. If your child does not want to be taped, he/she cannot participate in the focus group.

**Individual interviews:**

Your child may also be asked to participate in an individual interview. If he/she does not want to participate in a focus group or want to be audio-taped, he/she may be asked to participate in an individual interview, anticipated to take no more than one hour to complete.

**POTENTIAL RISKS AND DISCOMFORTS**

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

**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:

**PAYMENT/COMPENSATION FOR PARTICIPATION (IF NOT APPLICABLE  
DELETE THIS SECTION)**

**Example:** Your child will receive \$10 gift card from Target for his/her time. He/she does not have to answer all of the questions in order to receive the card. The card will be given to him/her when he/she returns the questionnaire.

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

**Example:** Your child will receive one credit for participating in the study; the credit will be issued at the end of his/her participation, per the subject pool guidelines.

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

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 child'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 your child. Examples of the types of issues that would require me to break confidentiality are if your child tells me about instances of child abuse and elder abuse. Pepperdine 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.

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

**Example:** 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 *X* years. The data will be stored for *Y* years after the study has been completed and then destroyed. The data collected will be *coded, de-identified, identifiable, transcribed, etc...*

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

## **PARTICIPATION AND WITHDRAWAL**

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

## **ALTERNATIVES TO FULL PARTICIPATION**

The alternative to participation in the study is not participating or completing only the items which your child feels comfortable.

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

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 at 6100 Center Drive Suite 500 Los Angeles, CA 90045, 310-568-2305, or [gpsirb@pepperdine.edu](mailto:gpsirb@pepperdine.edu).

**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 allow my child to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

**SIGNATURE OF PARENT/LEGAL GUARDIAN FOR CHILD TO BE AUDIOTAPED/ VIDEOTAPED / PHOTOGRAPHED**

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 child to participate in this study. I have been given a copy of this form.

**AUDIO/VIDEO/PHOTOGRAPHS**

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

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Name of Parent or Legal Guardian

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Signature of Parent or Legal Guardian

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Date

**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 child to participate in this study. This person has the legal capacity to give informed consent for their child 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 child 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.

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Name of Person Obtaining Consent

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Signature of Person Obtaining consent

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Date