



IRB – Parental Consent Form

For all studies

Title of Research Project:

Principle Investigator(s):

Your child is being asked to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you will allow your child to take part in this study.

Purpose of the Research and Number of Participants: Clearly state the study's purpose, how many people will be in the study, and the age group of participants.

Procedures and Location: Provide a description of what participants will do, how often, and where the study will take place. Identify any experimental aspects.



Duration of Participation: State how long participation will take (minutes/hours per session, number of visits, total timeframe).

Risks or Discomforts: List all reasonably foreseeable risks or inconveniences (physical, psychological, social, legal, economic).

Benefits: Explain direct benefits to participants and/or societal or scientific benefits.

Alternatives to Participation (if applicable): If the study involves treatment/intervention, describe appropriate alternatives available outside the research.



Compensation or Incentives (if any): Explain any payment or reimbursement participants may receive.

Confidentiality: Explain how information will be collected, stored, and protected, and who will have access.

Research-Related Injury (if greater than minimal risk): State whether compensation or medical treatment is available if injury occurs, and where participants can obtain more information.

Voluntary Nature of Participation and Right to Withdraw: Describe that participation is voluntary and participants may refuse to answer questions, or withdraw at any time, without penalty or loss of benefits.



PI's Contact Information Regarding Research Questions:

Contact Information Regarding Rights as a Research Participant:

Caroline Stanton
Compliance and Research Officer
Office of Sponsored Programs and Research
205-652-3403, cstanton@uwa.edu

Notices (if applicable): Describe any special information participants need to know, such as whether audio or video recordings will be made, data will be shared, results will be returned to participants, or if biospecimens could result in commercial profit.

Broad Consent for Future Use (if applicable): Are you willing to give consent for future research use of de-identifiable information or biospecimens collected in this study?

☐ Yes ☐ No

Parental Consent & Signature:

"By signing this consent form, I confirm I have read the information in this parental consent form and have had the opportunity to ask questions. I will be given a signed copy of this parental consent form. I voluntarily agree to allow my child to take in this study.

Printed Name of Child: _____

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ **Date:** _____

Printed Name of Researcher Obtaining Consent: _____

Signature of Researcher Obtaining Consent: _____ **Date:** _____