**Informed Parental Consent Agreement**

Please read this agreement carefully and ask the researcher any questions you may have before you decide if your child may participate in the study.

**Purpose of the research study**: The purpose of this research is to *insert purpose*

**Voluntary participation**: You and your child’s participation are completely voluntary.

**What your child will do in the study**: *Explain what child will do*

**What you will do in the study**: *Explain what parent will do, if anything*

**Time required**: This study will be conducted in \_\_ session(s) and it will take approximately \_\_ minutes.

**Risks:** *Indicate if there are potential risks. If not, state “There are no risks involved in this study.”*

**Benefits**: (Indicate if there are benefits or not. If there are benefits, explain them).

**Confidentiality**: The information that you and your child give in this study will be handled confidentially. *Explain how confidentiality is maintained and where data is stored.*  Your child’s name and/or your name will not be used in any report.

**Right to withdraw from the study**: Both you and your child have the right to withdraw, and you have the right to withdraw your child from the study at any time without penalty.

**How to withdraw from the study**: If you or your child wants to withdraw from the study at any time, you or your child can tell the researcher. There is no penalty for withdrawing. Your child’s data will be destroyed.

**Payment**: *Indicate if parent is paid and/or if child gets a prize.*

If you have questions about this study, contact:

*Principal Investigator (PI)*

*PI Phone number*

*PI E-mail*

If the researchers cannot be reached, or if you would like to talk to someone other than the researcher(s) about (1) concerns regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, please contact the Chair of the Providence College Institutional Review Board (IRB). Contact information for the IRB Chair can be obtained from the Office of Academic Affairs (Provost), Harkins 208, (401) 865-2195 or irb@providence.edu.

You will be given a copy of this form for your records.

Agreement: I have read the above information. I have received answers to the questions I have asked. I give consent for my child to participate in this research.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Gender (circle one): Male Female

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_