***[BEFORE SUBMITTING THIS PAPER, REMOVE BRACKETS AND ANYTHING INSIDE, AND INSERT INFORMATION ABOUT YOUR PROJECT]***

***[Parental Consent Form]***

***[This sample form is based on the requirements for informed consent in 45 CRF 46.116]***

**Nebraska Wesleyan University**

Parental/Guardian Informed Consent for a Minor to Participate in a Research Study

**[Title of your project here]**

Your child/ward is being invited to participate in a research study conducted by [put your name here], a [student/faculty/staff member] at Nebraska Wesleyan University. Since he/she is under the age of 19, their parent or guardian must give the researcher permission to invite them to be in this study. They are being asked to participate because they fit the criteria of this study, that [put information about your population here]. You should read the information below and ask questions about anything you do not understand before deciding whether or not to allow your child/ward to participate.

**Purpose of the Study:**

The purpose of this research study is to [put a statement here about the purpose of your project].

**What You Will Do In This Study:**

If you agree to let your child/ward participate, they will be asked to:

* [state whether you are asking for them to fill out surveys, be interviewed, in a focus group, etc.]
* [state whether you are asking them to agree to being audio- or video-taped]
* [state any other expectations]
* [state estimated time commitment]

**Potential Risks & Discomforts:**

[For Exempt research projects, include a statement similar to the following. For any research involving more than minimal risk, provide an explanation of any compensation or treatment if injury occurs, and details about that compensation.] Your child/ward will face no more than the minimal risks associated with daily life if they decide to participate in this study. They may feel discomfort during or after the [survey, interview, focus group, etc.] but they may choose how much or how little they want to [speak about, share, include on the survey, etc.]. They can stop participation in the research at any time. [If audio/video taping, state that they “can ask to pause the recording at any time or to not be recorded at all.”]

**Anticipated Benefits:**

There are no monetary benefits for participating in this study. However, their participation may be of benefit to them by [make a statement about how the individual research participant may benefit from being in the study. This can include learning more about the topic; having the opportunity to share their story with the researcher; knowing that they will be helping benefit the research community; or any number of where you can show how their helping you do this study will be of some benefit to them specifically].

**Confidentiality& Privacy**

To protect their confidentiality and privacy I will take the following steps:

* Participant’s privacy will be protected by not using names or other identifying information in any published reports or presentations.
* The research data will be kept in a locked location; electronic data will be kept on a password-protected computer. Only the researcher [if you are a student, add the following: *and the research advisor*] will have access to the data.
* All data and informed consent forms will be kept for three years after the completion of the study and then destroyed.
* [If audio- or video-typing, state that the participant can “request that the tape be stopped at any time if you would like to say something off the record.”]
* [If conducting focus groups, state that all participants will be asked to agree that everything discussed during the study is confidential and should not be discussed outside of this study.]
* [Include any other protections that are specific to your study.]

**Participation and Withdrawal:**

Your child/ward is free to decline to participate in this research study, or to withdraw their participation at any point, without penalty. Your decision or their decision on whether or not to participate in this research study will have no influence on your or their present or future status at Nebraska Wesleyan University.

**Questions:**

If you have questions about this study, please contact:

Researcher: [put your name, email and/or phone number here]

[If student, put faculty advisor’s name and contact information here]

This research has been reviewed and approved by the Nebraska Wesleyan University Institutional Review Board (IRB). To ask questions about your rights as a research participant, you may contact the NWU-IRB by contacting Stephanie Plummer, IRB Coordinator, at (402) 465-2110, or at nwuprovost@nebrwesleyan.edu.

**Agreement:**

By signing this form you are indicating that you are the parent/guardian of an individual who is under the age of 19 and who, with your permission, will be asked to participate in this research project; that you are giving your permission for your child/ward to participate in this research; and that the purpose and nature of this research have been sufficiently explained to you in order for you to decide whether to allow your child/guardian to participate in this study.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Parent/Guardian of Potential Research Participant

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

 Researcher