

**PARENTAL/GUARDIAN/LAR INFORMED CONSENT FORM
FOR RESEARCH BEING CONDUCTED UNDER THE AUSPICES OF
THE UNIVERSITY OF TULSA**

INTRODUCTION: The name of this research study is, “[*title of the study*]”. The person(s) working on this project is/are [*name(s) and title(s) of the researcher(s)*]. [*If a faculty mentor is involved, insert faculty mentor name and title*]. This document defines the terms and conditions for consenting to participate in this research study.

WHY IS THIS RESEARCH STUDY BEING DONE? [*Briefly (1-2 sentences) explain the purpose/objectives of the research in simple words.*]

WHAT IS THE KEY INFORMATION I NEED TO KNOW TO HELP ME DECIDE IF I SHOULD ALLOW MY CHILD TO TAKE PART IN THIS STUDY OR NOT? [*Give a concise and focused presentation of key info. that is most likely to assist a prospective subject in understanding the reasons why one might or might not want to participate in this research, to include:*

- **What is my child being asked to do?** If you allow your child to be in this study, they will be asked to: (***Describe the procedures that their child will follow***), any audio/visual recordings and expected duration of participation (number of sessions/appointments; ***time for each session/appointment and the total time expected***), use wearable technology (ex. Fitbit), **ORGANIZED IN A WAY TO FACILITATE BETTER UNDERSTANDING** (using bullet points, pictures, diagrams, etc.)
- **Any possible risks or discomforts?** If not, state that there are no foreseeable risks associated with this study? Any identification of any procedures that are experimental?
- **Any direct benefits for my child?** State “no” or state the direct benefits.
- **Any paid compensation for my child’s time?** State that their child will not get paid for their participation or explain what they will get and any instructions/information on how and when they will receive their payment/compensation.
- **How will their child’s information and/or identity be protected?** Will researchers be able to link their child’s data back to them? Explain if data will have identifiers or not and if so, how will the data be secured? How long? Who will have access?
- **What are the total number of subjects the researcher(s) will try and recruit for this study?** Give your total number of subjects you expect/hope to recruit.

WHAT POSSIBLE RISKS OR DISCOMFORTS CAN MY CHILD EXPECT FROM TAKING PART IN THIS STUDY? *Briefly explain any reasonably foreseeable risks or discomforts to their child. Identify any procedures that are experimental.*

Pick 1 of the 2 statements below that apply to your study and delete the other.

(1) There are no known risks to your child for participating in this study.

or

(2) [*List any possible physical or psychological risks*]

WHAT POSSIBLE BENEFITS CAN MY CHILD EXPECT FROM TAKING PART IN THIS STUDY?

Pick 1 of the 2 statements below that apply to your study and delete the other. NEVER include any compensation or extra credit in this section (Payment is NOT a benefit. USE the payment/compensation section.)

- **Any direct benefits for my child?** (1) There are no direct benefits to your child for participating in this study or (2) [*Explain their direct benefit(s)*]
- **Any indirect benefits for my child or others?** Explain any indirect benefits to them or others (society, etc.).

WHAT ARE THE CONDITIONS OF MY CHILD’S PARTICIPATION AND CAN MY CHILD LEAVE THE STUDY BEFORE IT ENDS? [*Begin this section by adding any specific selection or exclusion criteria, to include: age, gender, health conditions, etc.*]

Participation is voluntary. Refusal to participate will involve no penalty or loss of benefits to which your child is otherwise entitled. Your child’s participation in this study is over [____]. However, your child can leave the study at any time, even if your child has not finished, without any penalty or loss of benefits to which your child is otherwise entitled.

[*Leave in the following statement if applicable to research in an educational setting:*] *It is important for you to understand that your child’s school or classroom teacher are not part of this study except to allow me to conduct this study at your child’s school. Your decision to allow your child to participate or not to allow your child to participate in this study will not affect your child’s grade in any way.

HOW WILL MY CHILD’S IDENTITY AND/OR MY CHILD’S DATA BE PROTECTED?

- Will researchers ever be able to link my child’s data/responses back to them? State ‘no’ or explain how and why.
- Will my child’s data include information that can identify them (names, student IDs, etc.)? Answer.
- Will researchers assign my child’s data/responses a research ID code to use instead of their name? State “no” or explain.
 - If yes, will researchers create a list to link names with research ID codes? State “N/A” or explain.
 - If yes, how will researchers secure the link of names and research ID codes? How long will the link be kept? Who has access? Approximate destroy date? State “N/A” or explain. Answer each question.
- How will you protect my child’s paper or electronic data/responses? Where? How long? Who will have access? Approximate destroy or de-identification date? Answer each question.
- Where and how will the signed consent forms be secured? Explain how secured and if the signed consent forms are stored separately from the data.

***(FOR ANY RESEARCH THAT INVOLVES THE COLLECTION OF IDENTIFIABLE PRIVATE INFO. OR IDENTIFIABLE BIO-SPECIMENS) *{This section can be deleted if not applicable to your study}**

CAN MY CHILD’S INFORMATION COLLECTED FROM THIS STUDY BE SHARED OR USED BY OTHERS?

Pick 1 of the 2 statements below that apply to your study and delete the other. Also change the language to clarify if the statement is about bio-specimens, private identifiable information, or both.

(1) Once identifiers (name, student ID number, etc.) are removed from the identifiable private information or identifiable bio-specimens collected for this study, the de-identified information or bio-specimens could be used for future research studies or distributed to other investigators for future research studies without additional informed consent from you or your child.

or

(2) Your child’s identifiable information (name, student ID number, etc.) or identifiable bio-specimens collected for this research study will **not** be used or distributed to other investigators for future research studies, even if your child’s identifiers are removed.

HOW WILL THE RESULTS BE USED? *[Briefly explain how you will be presenting this data: published? publically presented? Will the data be grouped or will you also include individual data? Will their child be able to be identified in the data findings?]*

WILL MY CHILD BE PAID/COMPENSATED FOR BEING IN THIS STUDY?

[Either state that their child will not get paid to participate or explain the payment/compensation.

-Explain any payment/compensation that are provided in increments and what criteria these increments are based on. Also explain if their child will still receive these payment/compensation if they withdraw early and if they will receive a portion of the payment/compensation for what they’ve completed before they withdrew.

-If there is raffle/lottery, you must state the estimated odds of winning.

**Explain any instructions/information on how and when their child will receive their payment/compensation.*

WHO CAN ANSWER MY QUESTIONS ABOUT THIS STUDY?

You should contact the principal investigator [Insert name of the PI and contact email address and phone number and (if applicable) add Faculty Mentor name and email address].

WHO CAN ANSWER QUESTIONS ABOUT MY CHILD’S RIGHTS AS A RESEARCH SUBJECT?

You should contact Carmen Schaar-Walden, Coordinator of Research Compliance, Office of Research, The University of Tulsa at 918-631-3310 or via e-mail at carmen-schaar-walden@utulsa.edu or the researcher listed above.

PARTICIPANT’S RIGHTS

- You have been given an opportunity to read and discuss the informed consent and ask questions about this study;
- You have been given enough time to consider whether or not you want to allow your child to participate;
- You have read and understand the terms and conditions and agree to allow your child to take part in this study;
- You understand your child’s participation is voluntary and that they may stop at any time without penalty.

Your signature means that you understand your child’s rights listed above and agree to allow your child to participate in this study

Signature of Parent/Guardian or Legally Authorized Representative

Date