**Parent/Guardian Permission Template**

**FOR ALL REVIEW CATEGORIES EXCEPT EXEMPTION 1**

**Instructions: Fill in the information relevant to your study using the prompts in blue. Remove all text in red including these instructions.**

It is very important to write your consent form in layperson’s language that can be easily understood by your participants. An 8th grade reading level is recommended for the general population. This template includes language recommended by the IRB. Please adapt as necessary to be sure your consent form explains your research project clearly.

**DELETE all instructions** (including this section) and suggested language that is not applicable, then **UPLOAD a copy of the parental permission form to the IRB application exactly the way your participants will see it, all text in black.** This will be the official copy that must be used for all participants.

**Permission for Child to Participate in Research**

Your child is invited to participate in a research study. This research, to be conducted by *(name, title, department) [if PI is a student, add* under the supervision of *(name, title, department)]*, is designed to *(briefly explain what the study is about in layperson’s language - but not in a way which might bias your participants)*.

Participation in this study will require about *(amount of time; include details if there are multiple sessions or time commitments)*. As a participant in this research, your child will be asked to *(clearly explain exactly what you will do and what you expect your participants to do, including whether you will be audio or videotaping)*.

[Add, if appropriate, I am also asking for your permission to use your child’s *(describe all materials or grades that you are requesting permission to use)* for this research.]

**Option 1**: This research is anonymous. No information will be collected would identify you.

OR

**Option 2**: I will keep your information strictly confidential. All notes and questionnaires will receive a code number and be kept separate from your signed consent form. The list which has your child’s name and code number will be kept in a locked file in [if a physical copy: a locked file in the (name of department) at the College of Charleston] [or if the coded list is electronic: secure electronic storage] and will be destroyed when the research is complete. At no time will your child be identified in any reports or publications which result from this research.

OR

**Option 3**: If you will be identifying people by name and/or title include the following. I will keep your child’s information strictly confidential. However, if you are willing to permit me to quote your child in the report of my research, please check the item just above the signature line. [If appropriate add: You will be given an opportunity to review the section of my report in which your child’s quote appears before the completion of my research.]

[If the participants will be audio or video recorded, add

The (audio or video) tape will be destroyed after it is transcribed.

OR

The (audio or video) tape will be kept for (amount of time and location) for use in this research only OR for future research use OR for educational purposes.]

**OPTION 1:** Although it is not anticipated that your child will benefit directly through your involvement in this study, this research is expected to benefit (define the larger population) by (describe potential benefits to the larger population/science/society)**.**

OR

**OPTION 2:** Benefits that your child may experience through participation in this study include (describe potential benefits to the individual research participant, including any compensation to participant such as cash payment, gifts, free services, or extra credit in academic courses, and how it will be prorated if the participant withdraws).

Your participation is completely voluntary, and you may discontinue participation at any time. Your consent may be withdrawn at any time. [If appropriate add: Your decision to participate or not, or to discontinue participating, will not result in any loss of benefits to which your child is entitled OR will not have any effect on your child’s grades in this class.] There is no penalty for not participating in the study or for withdrawing your child from the study at any time.

Your child’s personal data collected for this research will be stored until (period for which the data will be stored and whether personal identifiers will be removed from the data) [OR if undetermined (explain the method for determining length of data storage and whether personal identifiers will be removed from the data). Projected future use of your child’s personal data includes (provide details about any projected future use, such as future research or educational purposes and whether personal identifiers will be removed from the data).]

[If recruiting through a K-12 setting/school district: Participants and parents/guardians have the right to inspect materials before consenting. The (name of the school district) School District is neither conducting nor sponsoring this project.]

If you have any questions concerning this research study, please contact (name of PI) at (telephone number) or (email) [if PI is a student, add or my faculty advisor at (telephone number) or (email)]. You may also contact Research Protections & Compliance in the Office of Research and Grants Administration, at 843-953-5885 or email compliance@cofc.edu if you have questions or concerns about research review at the College of Charleston or your rights as a research participant. You will be given a copy of this form to keep.

**OPTION 1: This research study has been approved by College of Charleston Institutional Review Board for the Protection of Human Research Participants and covers all relevant requirements of the EU General Data Protection Regulations.**

OR

**OPTION 2:** if the research qualifies under one of the EXEMPTION CATEGORIES: **This research has been reviewed by the Human Research Protections Program at the College of Charleston and covers all relevant requirements of the EU General Data Protection Regulations.**

**OPTION 1: ORAL CONSENT** (do not include signature lines): I orally give my permission for my child to participate in the research project.

OR

**OPTION 2: SIGNED CONSENT**:

I have read this consent form, and I agree to participate in this research study and certify that I am at least 18 years old.

OR

The information in this consent form has been explained to me, and I have been given the opportunity to ask questions and certify that I am at least 18 years old.

[If appropriate add: In any reports or publications which result from this research,

I permit you to quote my child \_\_\_ Yes \_\_\_ No

AND/OR

You may use \_\_\_ their name, \_\_\_ pseudonym or \_\_\_ other identifier (specify appropriate identifier).]

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent or Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian Date

[OPTIONAL: If you would you like to receive a copy of the results of this study, please print your contact information (mailing address or email):]