## **INFORMED PARENTAL/ GUARDIAN CONSENT FORM-TEMPLATE**

We invite your child to take part in a research study being conducted by [Principal Investigator's name] who is a [professor / student] at Hampshire College, Amherst, MA, as part of his/her research project, [ name of research project ]. The study, as well as your rights as a participant, are described below.

**Description**: This study will (INSERT YOUR DESCRIPTION—State the purpose of your study; State what you will be doing. State how you will be doing it, how long it will take. Include how children will be asked to participate—will they be videotaped, audio recorded, observed, etc...)

**Confidentiality:** The records of this study will be kept private. All data will be kept confidential. Your child's name will not be used in this study, unless otherwise indicated below. Rather, your child will be given an identification number on the interviewer's sheet. In any report we may publish, your child's information will not include any identifiable data. The audio/videotape of your child's participation will be destroyed after it has been transcribed. All identifying records will be destroyed after five years.

### Audio/Photo/Video Recording Consent Options:

\_\_\_\_I Do/\_\_\_\_Do Not Agree to have my child's real name used in this research and any publications that result from the research.

\_\_\_\_I Do\_\_\_\_I Do Not agree to the researcher's use of *audio recordings* of my child's voice to be used for the final public exhibition of this study.

\_\_\_\_I Do\_\_\_\_I Do Not agree to the researcher's use of *photography* of my child may be used in the final public exhibition of this study.

\_\_\_\_I Do\_\_\_\_I Do Not agree to the researcher's use of *video recordings* of my child to be used in the final public exhibition of this study.

\_\_\_\_I Understand that research consented to may be published and available to the public indefinitely.

**Risks & Benefits:** There are minimal to no foreseen risks to your child's safety. <INSERT ANY POTENTIAL RISKS>

**Freedom to Withdraw or Refuse Participation:** I understand that my child has the right to stop participation at any time, refuse to answer any of the interviewer's questions, and/or withdraw from the study at any time for any reason without prejudice from the investigator.

**Grievance Procedure:** If you have any concerns or are dissatisfied with any aspect of this study, you may report your grievances anonymously to the Human Subjects Institutional Review Board, c/o Dean of Faculty Office, Hampshire College, 893 West Street Amherst, MA 01002, 413-559-5676, IRB@hampshire.edu.

**Questions?** Please feel free to ask the investigator any questions before signing the consent form or at any time during or after the study.

**Principal Investigator:** [Student/Faculty Name], [Division X student], Hampshire College; <u>Faculty Supervisor</u>: [Faculty Name], [School of YYYY], [Office Number], [Building], Hampshire College, [413-559-xxxx].

#### **Informed Consent Statement**

I,\_\_\_\_\_\_, give permission for my child,\_\_\_\_\_\_to participate in the research project entitled, "[Project Title]." The study has been explained to me and my questions answered to my satisfaction. I understand that my child's right to withdraw from participating or refuse to participate will be respected and that his/her responses and identity will be kept confidential. I give this consent voluntarily.

Parent/Guardian Signature:

Signature

Date

Investigator Signature:

Signature

Date

# Sample Informed Assent Form

My name is <INSERT YOUR NAME> and I am a student at Hampshire College. You are being asked to be in my study (NAME OF PROJECT). In this study we hope to INSERT.

Everything you do in this study will be kept private. I will not use your name when we look at what you did or when we share it with others. (DESCRIBE WHAT YOU WILL BE DOING)

You do **NOT** have to do this study and you **CAN** ask to stop at anytime. You will not get in trouble for saying no and nothing will happen to you.

Please ask any questions you have now. If you have any other questions you can ask them at any time.

## Audio/Photo/Video Recording Consent Options:

Can I record your voice while talking? Yes or No (circle one)

Can I take a video of you? Yes or No (circle one)

Can I take pictures of you? Yes or No (circle one)

Print your name here \_\_\_\_\_

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