**Sample Parental Consent Form for children 0 <18**

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|  |  | **Project Information** | | |  |
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|  | Project Title: |  |  | Project Number: |  |
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|  |  |  |  |  |  |
|  | ERC Ref No: |  |  | Sponsor: |  |
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|  |  |  |  |  |  |
|  | Principal Investigator: |  |  | Organization: |  |
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|  |  |  |  |  |  |
|  | Location: |  |  | Phone: |  |
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|  |  |  |  |  |  |
|  | Other Investigators: |  |  | Organization: |  |
|  |  |  |  |  |  |
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|  | Location |  |  | Phone: |  |
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**Introduction**

The purpose of this form is to provide you (as the parent of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. The person performing the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part. If you decide to let your child participate in this study, this form will be used to record your permission.

**Purpose of the Study**

If you agree, your child will be asked to participate in a research study about **[insert general statement about study]**. The purpose of this study is **[explain the research questions and purpose in lay language]**.

**What is my child going to be asked to do?**

If you allow your child to participate in this study, s/he will be asked to **[Use bullet points to explain tasks and procedures including details about completing surveys, interviews, tests, and/or focus groups as applicable]**. This study will take **[insert length of time for participation, frequency of procedures or any other applicable information]** and there will be **[insert number of study participants]** of other people in this study.

**NOTE:**

**If the study involves identifying a health concern and/or an intervention to address a health concern, include the following statement:** This is a research study and, therefore, not intended to provide a consult for medical, diagnosis or treatment. The intervention provided in the course of this study is not necessarily equivalent to the standard method of prevention, diagnosis, or treatment of a health condition. You can continue see your child’s doctor if desired.

**For studies that involve invasive procedures using aseptic techniques, include the following statement:** Aseptic technique includes sterile and/or disposable equipment (e.g., blood collection apparatus) and adherence to standard medical precautions.

**Note: If participants will be audio/video recorded include the following:**

Your child **[will or may]** be **[audio/video]** recorded.

**What are the risks involved in this study?**

**NOTE: If risks are minimal include the statement:** There are no foreseeable risks to participating in this study.

**If risks are greater than minimal include the statement:**

This **[treatment, procedure, intervention or describe other]**. Possible risks associated with this study are **[explain risk, including the likelihood of the risk occurring]**.

**What are the possible benefits of this study?**

**Note: If the study has direct benefits** (**monetary compensation cannot be categorized as a benefit) include this statement:**

The possible benefits of participation are **[insert benefits that maybe reasonably expected]**.

**If the study does not have direct benefits to the research participant, include this statement:** Your child will receive no direct benefit from participating in this study; however, **[explain benefits to society]**.

**Does my child have to participate?**

No, your child’s participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. Withdrawal or refusing to participate will not affect their treatment/procedure or relationship with Aga Khan University in anyway. You can agree to allow your child to be in the study now and change your mind later without any penalty.

**NOTE: If research is part of a classroom activity, state:**This research study will take place during regular classroom activities; however, if you do not want your child to participate, an alternate activity will be available. **[Describe the alternate activity]**.

**What if my child does not want to participate?**

In addition to your permission, your child must agree to participate in the study. If you child does not want to participate they will not be included in the study and there will be no penalty. If your child initially agrees to be in the study s/he can change their mind later without any penalty.

**Will there be any compensation?**

**NOTE:**  **If the study does not provide compensation include the following:**

Neither you nor your child will receive any type of payment participating in this study.

**If there is compensation include the following statements:**

**[You/Your child]** will receive **[insert payment, reimbursement, or participation credit]**. Payments will occur **[explain disbursement/conditions of payment]. [Include circumstances, if any, where partial payment or no payment may occur].**

**How will your child’s privacy and confidentiality be protected if s/he participates in this research study?**

Your child’s privacy and the confidentiality of his/her data will be protected by **[Describe how participant privacy and confidentiality of participant data will be accomplished and maintained]**. **[If the study will collect anonymous data describe how participant anonymity will be accomplished and maintained].**

Your child’s research records will not be released without your consent unless required by law or a court order. If it becomes necessary for the Ethics Review Committee to review the study records, information that can be linked to your child will be protected to the extent permitted by law. The data resulting from your child’s participation may be made available to other researchers in the future for research purposes without identification. In these cases, the data will contain no identifying information that could associate it with your child, or with your child’s participation in any study.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher **[INSERT NAME HERE]** at **[PHONE NUMBER]** or send an email to **[EMAIL ADDRESS]** for any questions or if you feel that you have been harmed.This study has been reviewed and approved by AKU Ethics Review Committee**.**

**Signature**

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow them to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study you may discontinue his or her participation at any time. You will be given a copy of this document.

Child’s Printed Name:

Printed Name of Parent(s) or Legal Guardian:

Signature of Parent(s) or Legal Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Printed Name of Person Obtaining Consent:

Signature of Person Obtaining Consent:

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

***For Participants unable to read***

**Witness:**

I have witnessed the accurate reading of the consent form to the potential participants, and the individual has had the opportunity to ask questions. I confirm that the individual has given consent freely.

Witness Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Participant’s Thumb Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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