# SAMPLE PARENTAL CONSENT FORM FOR ANONYMOUS SURVEY

*(Use in conjunction with the* [*Informed Consent Checklist (Word)*](https://umaine.edu/research-compliance/resource/informed-consent-checklist/) *and* [*Informed Consent Guidance*](https://umaine.edu/research-compliance/human-subjects/informed-consent-guidance/) *on the Institutional Review Board [IRB] website)*

## (STUDY TITLE)

Dear Parent/Guardian,

Your child is invited to participate in a research study being conducted by (*name*), a (*faculty member, staff member, graduate student, undergraduate student*) in the Department of (*name*) at the University of Maine. *If the principal investigator is a student, also name the faculty sponsor, their title, and their department.* The purpose of the research is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. *State here the inclusion/exclusion criteria explaining why the child is being asked to participate. For example: “Your child is being asked to participate in this research because they are enrolled in \_\_\_ course at \_\_\_\_.* ***Or*** *“because they are a patient at \_\_\_\_\_.”* ***Or*** *“because they expressed their interest in participating in a research study about video games.”*

### What Will My Child Be Asked to Do?

 Should you choose to allow your child to participate in this research study, your child will be asked to take an anonymous survey. It should take your child about X minutes to participate. *Specify where/when the child is to do the survey, if applicable. For example, state if the survey is to be administered during or outside of normal classroom hours* ***or*** *state if the survey will be administered at the child’s next doctor’s appointment, etc. If this is an electronic survey not connected to the child’s normal educational or medical setting, where/when the survey would be administered is likely not applicable.*

### Risks

*Note that there is always some risk, at minimum the child’s time and inconvenience. Listed below are examples.*

- Except for your child’s time and inconvenience, there are no risks to your child from participating in this study.

***Or***

- There is the possibility that your child may become uncomfortable answering the questions. Your child may skip any questions that make them uncomfortable*. Provide referral resources if questions are very sensitive, e.g., depression, suicide, etc. Referral resources may include the child’s school guidance counselors, National Hotlines, etc. Either include the resources within the consent, or reference to resource information (i.e., see referral handout).*

### Benefits

***Two*** *benefit statements are required – benefit to the child (if any) and potential benefit of the research. Listed below are examples.* ***Note: Compensation is* not *a benefit.***

(*Most surveys do not have a benefit to the child.*)

- While participating in this study will have no direct benefit to your child, this research may help us learn more about…

- Your child may learn better ways to cope with everyday stress. In addition, this research may help us learn more about…

### Compensation

*If you are not offering compensation, leave this section out.*

*List (1) the type and amount of compensation, (2) what qualifies participants for the compensation, and (3) when/how compensation is awarded.*

*Below are examples:*

***Note:******See Item #8 on checklist for additional guidance if compensation exceeds $75****.*

- Your child will receive $X for participating in this study. Your child must submit the survey in order to receive this compensation, though they may skip the occasional question. Your child can pick up their compensation from their teacher by turning in the completion code given to them upon submission of the survey.

- Your child will receive extra class credit for participating in the survey. Your child must submit the survey in order to receive this extra credit, though they may skip the occasional question. If you or your child does not choose for your child to participate in this study, alternative ways of earning this credit will be available to them. *Mention here what those are alternatives are.*

*To ensure that the survey remains anonymous the child must be sent to a form separate from the survey responses to enter their contact information to receive the compensation. If they will receive extra credit please explain how this will happen since the survey is anonymous (for example, will the child submit a separate form, not connected to responses indicating that the survey was submitted).*

### Confidentiality

This study is anonymous. We ask that your child not write their name on the survey. There will be no records linking your child to the data. Data will be kept on a password-protected computer indefinitely. Information collected for the purpose of awarding the *compensation/extra credit* is not connected to your child’s survey responses.

### Voluntary

 Your child’s participation is voluntary. If you and your child choose for your child to take part in this study, they may stop at any time. *Explain whether stopping will alter compensation to be received, e.g., “… stop at any time, but your child must submit the survey to receive their extra credit; “While your child may skip the occasional question, they must submit the survey to be eligible for compensation.”* Your child may skip any questions they do not wish to answer.

### Contact Information

 If you have any questions about this study, please contact me at (*phone, e-mail*). You may also reach the faculty advisor *(if applicable)* on this study at (*phone, e-mail*). If you have any questions about your child’s rights as a research participant, please contact the Office of Research Compliance, University of Maine, 207-581-2657 (or e-mail umric@maine.edu).

Your signature below indicates that you have read the above information and have decided to allow your child to participate in this study. You will receive a copy of this consent form.

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Name of Child (Printed)

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Name of Parent/Guardian (Printed)

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Name of Parent/Guardian (Signed) Date