# SAMPLE PARENTAL CONSENT FORM FOR CONFIDENTIAL 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 a confidential 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 may enter a raffle to win *one of two $25 Amazon gift cards*. Your child must submit the survey in order to enter the raffle, though they may skip the occasional question. Winners of the raffle will be notified and receive their gift card via email no later than XXXX *(date).*

- 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 alternatives are.*

### Confidentiality

*Sample for when data are confidential, i.e., names are connected to data, typically by use of a code/key.* ***Note:*** *This is a sample; it may not fit your study. For example, a key may not be necessary in studies where there is no follow-up planned or in which the data is not sensitive. The important aspect is to tell people how the data will be kept to ensure confidentiality and how long it will be kept – or to inform that that it won’t be kept confidential, as in the case with some studies* (*e.g., oral histories*)*.*

 Your child’s name will not be on any of the data. A code number will be used to protect your child’s identity. A key linking your child’s name *(or other identifying information)* to the data will be kept separate from the data in a locked office(*if paper*)and destroyed by XXXX (*date*). *If a key will be kept electronically, explain that it will be stored on a password-protected computer using software that provides additional security.* Data will be kept on a password protected computer and kept (*indefinitely or destroyed by date*). *List others who may have access to data, such as faculty advisor and/or others working on the project.* Your child’s name or other identifying information will not be reported in any publications.

### 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 in order to enter the raffle.”* 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