**PARENTAL CONSENT FOR UNDER-18 GOUCHER STUDENTS TO BE SUBJECTS IN RESEARCH STUDIES**

**Please give a copy of this signed form to your child so he or she can take it to each appointment.**

**Please also return a copy of this signed form to the Provost’s Office:**

By **MAIL** to IRB Officer, Office of the Provost, Goucher College, 1021 Dulaney Valley Road, Baltimore, MD 21204

By **FAX** to 410-337-6589 OR scan the signed form and send by **EMAIL** to [officeoftheprovost@goucher.edu](mailto:officeoftheprovost@goucher.edu).

Dear Parent or Guardian,

As a Goucher College student, your son or daughter may be invited to be a subject in research studies at Goucher College. If she or he is **under 18** years of age at the time of participation, your permission is required before she or he can decide to participate in these studies.

Participating as a research subject is completely voluntary, and there is no penalty if a student does not want to participate in a study. Furthermore, if a student agrees to be a subject in a study, he or she may discontinue participation at any time without penalty. Prior to participation, all research studies that have been approved by the Goucher College Institutional Review Board (IRB) require that the student give informed consent, usually by signing a form that describes the study procedures, confidentiality practices, and risks and benefits of the study.

By signing below, you are giving your son or daughter **permission to decide** whether to be a subject in one or more research studies at Goucher College. By signing this document, you are in no way committing your son or daughter to research participation; by signing, you are allowing your child to make the choice, even though he or she is under the age of 18. His or her signature on a research study consent form will thus be considered legal consent.

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

**Name of Son or Daughter (PRINT)**

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

**Name of Parent or Legal Guardian (PRINT)**

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

***Signature* of Parent or Legal Guardian**

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

**Date**