

**INSTITUTIONAL REVIEW BOARD**

###### IRB CONSENT FORM

*[Note: Below is a template for consent forms approved by the IRB. This is for child participants at least 7 years old, or under 7 years old when the child can reasonably be expected to understand the study. This form is to be used alongside the Parent Consent Form. Use language that is appropriate for the participant’s age. Explanations for the researcher are included on the template in brackets/italics, but these should be removed from the consent form before submitting to the IRB. It is the research supervisor’s responsibility to retain completed consent forms for a period of at least three years and to offer subject a copy of the form in hard and/or electronic copy.]*

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**Title of Study:** *[Note the title listed here may not correspond exactly to the official title used elsewhere in this proposal, if including the official title here would compromise the validity of the data collected (i.e., would reveal too much about the study’s purpose or predictions). A less precise title can/should be used here.]*

For questions regarding the research project, please contact:

**Researcher(s):** [Your name and complete contact information]

**Supervisor:** [name and complete contact information]

For questions regarding your rights as a research subject, contact the Provost Office via irb@goucher.edu.

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**What is this study about?**

*[Provide a description of the research project, including the purpose of the study.]*

**What will happen?**

*[Explain any tasks and procedures that the participant will be asked to undergo. The participant should also be informed about the length of time involved in participation, the frequency of any procedures, etc. If any data collection procedures involve audio and/or video recording, and/or photography (i.e., any procedures that contain potentially identifying information and thus require additional confidentiality protections), include this information here.]*

**Could anything bad happen?**

*[Provide a description of the risks associated with this research project and the likelihood of these risks. Risks include, but are not limited to, physical, emotional and psychological injury. All research involves risk, though you might describe a low-risk study as having “minimal risk” or “low risk.” All risks must be disclosed.]*

**Could anything good happen?**

#### *[If there are potential benefits to society from this research, optional to name this here.]*

#### Payments/Prizes

*[Provide a description of any direct reimbursement to the participant, for instance, a small prize. If the subject is to receive payment, the details of this arrangement should be included here along with an explanation of when payment will be given. If there are no payments, state that fact here.]*

**Privacy**

*[Explain how anonymity and/or confidentiality will be assured. Describe the procedures by which any information obtained through this project, as it relates to a specific individual, will be kept private. Explain that any report published from this research will not include information that will make it possible to identify the participant (if the case). In addition, explain how research records will be kept secure and indicate who will have access to these records. If anyone besides the researcher will have access to the raw data, these persons must be identified. If audio or video recordings are to be made, or photographs taken, explain who will have access to these items, if they will be used for educational purposes, how they will be protected (encrypted, password-protected), and when they will be destroyed. Indicate exactly when (by what date) raw data will be destroyed by. Or, if raw data are to be retained, indicate when (by what date) all identifying information will be permanently removed.]*

**You Can Quit At Any Time**

*[Explain that participation in this research is strictly voluntary and that the subject may choose to withdraw from the study at any time. Also indicate that the subject has the right to withdraw consent and discontinue participation in the research project without prejudice.]*

## I understand:

1. What this study will be like.
2. My privacy will be protected.
3. I can ask whatever questions I want.
4. I can quit this study at any time.
5. I can decide not to do this study.

**Do you want to be in this study**? [ ] **yes** [ ]  **no**

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Name of child

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Print name of Person Obtaining Assent Signature of Person Obtaining Assent Date