

**INSTITUTIONAL REVIEW BOARD**

###### IRB CONSENT FORM

*[Note: Below is a template for consent forms approved by the IRB. This template is to be used for parents of child participants, i.e., those under age 18 (other than Goucher students, who can have their parent/guardian complete a special form to allow them to consent; request through the* *IRB Coordinator**). This form may be used alongside the Child Assent Form for child participants at least 7 years old, or under 7 when the child can reasonably be expected to understand the study. Explanations for the researcher are included on the template in brackets/italics, but these should be removed from the consent form (including this note) 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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#### Description

*[Provide a description of the research project, including the purpose of the project explained in language accessible to a non-professional. Be sure to phrase the description in terms of the child of the person reading this form. Explain any tasks and procedures that the subject will be asked to undergo. The subject 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 such information here.]*

**Risks**

*[Provide a description of the risks associated with this research project and the likelihood of these occurring. 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.” All risks must be disclosed.]*

#### Payments/Prizes

*[Provide a description of any direct reimbursement to the participant, for instance, money, prize, raffle, etc. 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.]*

## Confidentiality

*[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 subject (if that is 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, such 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.]*

**Right to Withdraw**

*[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.]*

## Voluntary Consent

 *[The following statement of consent should be included]*

1. I have read the information above and agree that my child may participate in this study.
2. I understand that all aspects of this project will be carried out in the strictest of confidence

 and in a manner in which my child’s rights as a human subject are protected.

1. I have been informed in advance as to what the task(s) will be and what procedures will be

 followed.

1. I have been given the opportunity to ask questions, and have had my questions answered to my satisfaction.
2. I am aware that I have the right to withdraw consent and discontinue my child’s participation at any time, without prejudice.
3. My child may also withdraw their assent at any time.
4. My signature below may be taken as affirmation of all the above, prior to participation.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_