Parent Consent Form Template

***[Note: You should insert information that corresponds to your research in brackets [ ] and then remove the brackets [ ] and adjust the font to be consistent for the entire section. This would include this instructional note as well.*]**

Dear Parent/Guardian,

My name is **[enter researcher name]**, and I am a graduate student at Point Loma Nazarene University (PLNU). I am conducting a research project for my graduate program in the **[Name of Academic Unit]** at PLNU.

Purpose: Your child is invited to take part in a research study on **[enter topic here]**. The purpose of this study is to **[enter purpose here]**.

Procedures: Your child will participate in **[provide information on how long the study will last and a description of the tasks involved including any interventions here – may require several sentences]**.

[NOTE: If you will be doing any type of recording of your participants you must inform your participants of this in the 'procedures' section and must include the following information:

- **(a) what the recordings will be used for**
- **(b) who will have access to them**
- **(c) how they'll be kept secure**
- **(d) how long they'll be kept and**
- **(e) when they will be destroyed]**

Risks and benefits: [Provide a statement of risk or discomfort the child may experience. If there are no more than minimal risks you may use the following statement, "There are no more than minimal risks (what one would encounter in daily life) associated with this study."**] [You will also need to add a statement of the benefit. While there may be no direct benefit to the child, there may be an indirect benefit of helping you as the researcher understand more about your topic of study. Also include the possible indirect benefit to the child of an increase in self-awareness about…(in your words).]**

Voluntary Participation: Your consent and your child's participation in this study are completely voluntary. Your child can change their mind at any time with no consequences of any kind, and you can withdraw your consent at any time without consequences of any kind.

Confidentiality: The data collected for this study and/or any identifying records will remain confidential and kept in a locked file and/or password-protected computer file in the researcher's office. All data collected from your child will be coded with a number or pseudonym (fake name). Your child's real name will not be used. The results of this research project may be made public and information quoted in professional journals and meetings, but information from this study will only be reported as a group, and not individually.

Debriefing: I understand that I have the right to have all questions about the study answered in sufficient detail for me to clearly understand the level of my child's participation as well as the significance of the research. I understand that at the completion of this study, I will have an opportunity to ask and have answered all questions pertaining to my child's involvement in this study by contacting [**enter researcher name here]** at [**enter researcher's email address here]** after the study is complete, around **[enter approximate month/year here]**.

Receipt of informed consent: I acknowledge having received a copy of the consent form. I understand that I may call the investigators involved in the study, or supervising professor, [**enter professor name here]**, in order to discuss confidentially any questions about my child's participation in the study. Also, should I have any concerns about the nature of this study I can also contact the Chair of PLNU's IRB (IRB@pointloma.edu).

_____
Printed Name of Parent/Guardian

_____ _____
Signature of Parent/Guardian Date
(I am 18 years old or older.)

Contact Information

Investigator:
[Enter name, email, and phone number]

Supervising Professor:
[Enter name, email, and phone number]