

Standard Parent Permission Template for Research

Use this template if your research is **NOT Federally-sponsored** AND participants are **minors**. You must obtain permission from their parents before obtaining assent from the minors.

Avoid Common Problems with Consent Forms. **Read these tips!**

1. Customize this template to **reflect the specifics of your study and participant population**.

- Text in **[brackets]** represents study-specific information that must be added.
- A **backslash (e.g., will/will not)** requires a selection depending on study-specific procedures.
- **Black text** is required for all studies; keep language and formatting unless instructed otherwise.
- **Blue text** identifies consent elements and information required for ALL studies. The **blue text** also provides instructions/guidance that researchers should consider. Some instructions/ guidance may not apply to your research.
- **Red text** identifies consent elements or information required only when applicable to your study.
- **Green text** shows sample language.

Color Code Key			
Black	Blue	Red	Green
Required Template Text	<i>Required Element of Informed Consent</i>	<i>Required Element when applicable</i>	Example/Suggested Language

2. When writing your consent documents, always:

- Use **plain language**. Don't cut and paste from your protocol. Use common, everyday language. For example, use "you don't have to be in this study if you don't want to" instead of "your participation in this study is voluntary."
- Aim for an 8th grade reading level (junior high) or lower, especially when recruiting from the community (i.e., general population) or anyone likely to be unfamiliar with the study topic.
- Write as though you are speaking to the person who will read it. Use "you" and "your" (for participant), "we" and "our" (for researcher); not third person (e.g., "we will ask participants").
- Use active voice "we will ask you" instead of passive voice "you will be asked."
- Use short, simple and direct sentences, and limit paragraphs to one main idea.
- Use lists, tables, charts, pictures or diagrams to simplify complex information.
- Avoid repetition
- Avoid complex or field-specific terminology and technical jargon. Such wording is only permissible when part of the research study (e.g., study on nursing students' learning of medical procedures).

3. Before submitting consent documents to the IRB:

- Delete this cover page and remove all instructional text, brackets, etc. The finished document should reflect what you will give to the participant.
- Use a file name(s) that clearly identify each consent document (e.g. online consent, parental permission, adult consent, teacher consent, screening consent, etc.).
- In this template, "we" refers to the researchers. If there is only one researcher, edit as appropriate. If the PI is a student, always use "we" to include the faculty advisor.
- **Submit consent documents in MS Word** whenever possible. The iMedRIS comparison tool for different document versions does not work with PDFs.
- **PROOFREAD** for understandability and consistency with the IRB application.

Permission for Research Participation of a Minor

Research Study Title: [Title]

Researcher(s): [Principal Investigator Name], [Institution] University of Tennessee, Knoxville
[Faculty Advisor Name if PI is a student], [Institution] University of Tennessee,
Knoxville

Why is my child being asked to be in this research study?

We are asking your child to be in this research study because [explain why this person is eligible to participate].

What is this research study about?

The purpose of the research study is [describe the purpose of the research in simple terms].

Who is conducting this research study?

Include this section **ONLY** if one or more of the following paragraphs are applicable to the study.

- If the study is **collaborative with one or more institutions/external researchers**, include:

This study is being conducted by researchers at the University of Tennessee, Knoxville and researchers at [list other institution(s)].

- If the study is **externally funded or supported**, include:

The research team and/or the University of Tennessee, Knoxville is receiving [funding, equipment (e.g., fitness trackers, hearing aids), etc.] from [insert sponsor's name].

- If a research team member or University has a **significant financial conflict of interest** or **other type of conflict of interest** (e.g., researcher is participants' instructor, supervisor, health care provider, other service provider, etc.), include:

We are giving you the information below so you can decide if this relationship will affect your decision to be in this study:

- Insert any required or suggested language from the management plan approved by the UT Research Conflict of Interest Committee, if one exists; or
- Describe the conflict and the actions taken to reduce its effect on, and/or minimize risks of, the study.

How long will my child be in the research study?

State the total time of participation. Consider the duration of participation and frequency (if multiple study visits/data collection times). Provide relevant information in hours, days, weeks, months, years, or until a certain event. Include the number of times the participant will be involved in research activities, how long each activity or session will take, etc.

If you give permission for your child to be in the study, and your child agrees, their participation will last for 1 hour.

If you give permission for your child to be in the study, and your child agrees, their participation will last for 18 months and will involve 4 study visits, 6 online surveys and 2 phone calls. (*Note: the online surveys and phone calls are included because they are data collection times separate from the study visits.*)

What will happen if I say “Yes, I want my child to be in this research study”?

If you give permission for your child to be in this study, we will ask your child to [*describe the research*].

- *State when, where, and what procedures/tests/activities will occur including their frequency.*
- *When the study includes multiple research procedures/activities, list/describe them in chronological order so participants know what to expect.*
- *If study procedures will occur over multiple study visits and/or at multiple locations, clearly describe what procedures will occur at each visit.*
- *Distinguish between normal practice and research procedures if your study involves both (classroom/education research, clinical studies, etc.).*
- *Tell participants if any procedures and/or equipment/devices used in the study are **experimental**. An experimental procedure is one that is untested or unproven for its intended purpose – typically a manipulation, intervention, treatment, test, some usability studies, etc.*

What happens if I say “No, I do not want my child to be in this research study”?

Your child's being in this study is up to you. You can say no now or leave the study later. [*Include the statement below that is applicable to your study. Modifications to the language may be necessary based on your participant population and their relationship with UT or other facility/institution associated with the research.*]

- [**If your target population is students** at UT or other educational institutions associated with the research, include:] Either way, your decision won't affect your child's grades, their relationship with their instructors, or standing with the [*include name of facility/institution (UT, University, school, etc.)*].
- [**If your target population includes individuals who may receive services or care** from UT or other facilities/ institutions associated with the research, include:] Either way, your decision won't affect your relationship with [*include name of facility/institution*] or the [*services/health care/benefits*] [*you and/or your family*] receive.
- [**If your target population is employees** at UT or other facilities/institutions associated with the research, include:] Either way, your decision won't affect your employment at [*include name of facility/institution (UT, University, community center, etc.)*].
- [**For all other studies**, include:] Either way, your decision won't affect your child's relationship with the researchers or the University of Tennessee.

If your study involves any therapeutic interventions (social/behavioral or biomedical), include:

Instead of participating in the study, possible options available to your child include [inform participants of any known alternatives or any range of alternative options available to them (treatments, therapies, other standard of care options, etc.), or include a statement that they can consult their health care provider for possible alternatives].

What happens if I say “Yes” but change my mind later?

Even if you decide to allow your child to be in the study now, you can change your mind and stop at any time.

If you decide to stop before the study is completed, [include the following information as applicable to the study].

- Provide instructions on how to withdraw (e.g., contact the PI, other study-related contact).
- Describe what will happen with any information already collected for the research.
- If at some point during the research participant data cannot be withdrawn, such as after data are de-identified and code key destroyed or after an anonymous survey is submitted, inform participants of that information.

Are there any possible risks to my child?

If the study collects identifiable information (including audio and video recordings), the following risk language is recommended:

It is possible that someone could find out your child was in this study or see their study information, but we believe this risk is small because of the procedures we use to protect your information. These procedures are described later in this form.

If there are other risks related to the research:

Possible risks include [list and describe any reasonable foreseeable risks, discomforts, and inconveniences and what will be done to minimize those risks].

- Risks can be physical, psychological, social, financial, or otherwise.
- Describe how these risks will be minimized. For confidentiality risks, a statement referring participants to confidentiality procedures described later in this form is acceptable.

If there are no known risks:

We don't know of any risks to your child from being in the study.

Are there any benefits to being in this research study?

If there are no anticipated benefits to participants:

We do not expect your child to benefit from being in this study. Your child's participation may help us to learn more about [insert details]. We hope the knowledge gained from this study will benefit others in the future.

OR

If the research presents the possibility of benefits to participants.

There is a possibility that your child may benefit from being in the study, but there is no guarantee that will happen. Possible benefits include [*describe possible benefits to participants*]. Even if your child doesn't benefit from being in the study, their participation may help us to learn more about [*insert details*]. We hope the knowledge gained from this study will benefit others in the future.

***NOTE:** *Compensation/payment/credit are not considered a benefits of research participation.*

Who can see or use the information collected for this research study?

If identifiers will be collected during the study, consider the following:

- *Describe how the study information (i.e., data) and research records (e.g., consent documents, payment records, scheduling logs, etc.) will be kept confidential (e.g., storage, maintenance, transfer/transmission, etc.) by the research team*
- *Describe the individuals and groups who may have access to study information.*
- *Describe any circumstances that would limit confidentiality.*
- *Describe how information will be published and disseminated and whether identifiable information would be included.*

We will protect the confidentiality of your child's information by [*describe*].

If information from this study is published or presented at scientific meetings, your child's name and other personal information will not be used.

We will make every effort to prevent anyone who is not on the research team from knowing that your child gave us information or what information came from your child. Although it is unlikely, there are times when others may need to see the information we collect about your child. These include:

- People at the University of Tennessee, Knoxville [*if collaborative or multi-site study, include institution name(s)*] who oversee research to make sure it is conducted properly.
- Government agencies (such as the Office for Human Research Protections in the U.S. Department of Health and Human Services), and others responsible for watching over the safety, effectiveness, and conduct of the research.
- If a law or court requires us to share the information, we would have to follow that law or final court ruling.
- [*agency/sponsor name(s)*] who is the study sponsor [*paying/providing equipment, etc.*] for this research.
- [*If participant payments will be processed through the University's business offices, etc., include:*] Business offices at the University of Tennessee, Knoxville may be given your [*name, address, Social Security Number, payment amount and related information*] to issue your payment and report tax information.
- [*If your study is regulated by the FDA, include:*] The U.S. Food and Drug Administration may inspect the study's research records to make sure research is conducted properly.
- [*If applicable, include:*] Information about your study participation may be included in your medical record.

- *[If study involves the delivery of treatment or other health care for which participants might be billed, include:]* Your medical insurance provider or other organizations that may need the information in order to pay your health care costs or other costs related to your participation in the study.
- *[If applicable, list any other organizations or class of persons to whom the participant's information might be disclosed: e.g., others who will conduct data analysis, data coordinating center, outside laboratories that will analyze specimens/data.]*

If a topic below applies to your study, contact the IRB (865-974-7697 utkirb@utk.edu).

- *If particularly sensitive data will be collected and remain identifiable, the IRB may require a Certificate of Confidentiality be obtained.*
- *If your study will be registered with ClinicalTrials.gov.*

What will happen to my child's information after this study is over?

Future use by the research team, select one of the following paragraphs:

We will/will not keep your child's information to use for *[future research or other purpose]*. Your child's name and other information that can directly identify them will be kept secure and stored separately from their research data collected as part of the study

OR

We will/will not keep your child's information to use for *[future research or other purpose]*. Your child's name and other information that can directly identify them will be deleted from their research data collected as part of the study.

Future use by the others, select one of the following paragraphs:

We may share your child's research data with other researchers without asking for your permission again, but it will not contain information that could directly identify your child. *[If data must or will be deposited in a public or other repository, briefly describe.]*

OR

We will not share your child's research data with other researchers.

Will my child be paid for being in this research study?

Include this section if participants will be given any compensation (payments, course or extra credit, gift card, involves a drawing, reimbursements, gifts, etc.).

If no compensation will be offered, either include a statement such as, "Your child will not be paid for being in this study," or delete this section from the consent document.

If compensation will be offered, include:

- *State the amount and method of payment (check, cash, type of gift card, course or extra credit, gift, etc.).*
- *If course/extra credit offered, describe the method used to determine the amount offered.*
- *Describe when and how payments will be issued (in-person, U.S. mail, method used to assign credit, etc.) to participants. If the study includes multiple study visits or data*

collection times, describe the payment schedule including how payment will be prorated should a participant not complete the study.

- If participant information is required to facilitate payment, list the information to be collected.
- If participants will be entered into a drawing describe
 - the odds of winning; and
 - Tennessee gaming law requires that any individual be allowed to participate in the drawing even if that individual does not participate in the research. Accordingly, the consent document must include a statement that anyone age 18 and over may enter the drawing even if they do not participate in the research and provide instructions on how to do so.
- If the study participants include individuals who cannot consent for themselves (children, decisionally-impaired, etc.), explain if the payment is to the participant or parent/legally authorized representative.

Will it cost me anything for my child to be in this research study?

Include this section if it is possible that participants will incur costs (transportation to and from study visits, parking, etc.) related to their participation in the study.

If you give permission for your child to be in this study, you will need to pay for [describe any costs the participant may be required to pay such as transportation, parking, data charges for mobile devices, fees for lost or damaged equipment/devices provided to participants for the conduct of the study].

If there will be no extra costs to participants, either include a statement such as, "It will not cost you anything for your child to be in this study," **or** delete this section from the consent document.

What else do I need to know?

Include this section if any of the following paragraphs are applicable to the study.

Number of research participants. Often researchers opt to include this information in consent documents for all their studies. Generally, the IRB only requires this information be disclosed when the sample size is associated with increased risks to participants. For example, a small sample size may increase the likelihood of participant re-identification: About [sample size] people will take part in this study. [Describe why this information is important (e.g., because of the small number of participants in this study, it is possible that someone could identify your child based on the information we collected from them).]

If participants may be withdrawn without their consent, include:

We may need to stop your child's participation in the study without your permission if [describe the circumstances under which someone's participation may be ended, such as for your safety, you do not follow study instructions, you no longer meet the study's eligibility requirements, if the study is stopped for any reason, etc.].

New information affecting participant's willingness to continue, include:

If we learn about any new information that may change your mind about your child's being in the study, we will tell you. If that happens, you may be asked to sign a new permission form.

If the research may result in commercialization, include:

Your child's research data may be used to create products or to deliver services, including some that may be sold or make money for others. If this happens, there are no plans to provide financial payment to you or your family.

If the study is greater than minimal risk and includes the possibility of a research-related injury (physical, psychological, social, financial or otherwise), include:

We use procedures to lower the possibility of these risks happening. Even so, your child may still experience problems or injury, even when we are careful to avoid them. Please tell the researcher in charge, [*PI name and phone number*], about any [*injuries, side effects, etc.*] or other problems that your child has during this study.

If physical injury or psychological injury, describe what help or treatment will be available if the injury occurs during a study visit (first aid will be provided, referral, etc.) and what procedures participants should follow if they become aware of such injury outside of a study visit (seek medical attention from their health care provider, inform the researcher as soon as possible, referral, etc.).

The University of Tennessee does not automatically pay for medical claims or give other compensation for injuries or other problems.

Who can answer my questions about this research study?

If you have questions or concerns about this study, or have experienced a research related problem or injury, contact the researchers, [*PI name, email, phone (also include the faculty advisor's name and contact information if PI is a student)*].

For questions or concerns about your rights or to speak with someone other than the research team about the study, please contact:

Institutional Review Board
The University of Tennessee, Knoxville
1534 White Avenue
Blount Hall, Room 408
Knoxville, TN 37996-1529
Phone: 865-974-7697
Email: utkirb@utk.edu

STATEMENT OF PERMISSION

I have read this form and the research study has been explained to me. I have been given the chance to ask questions and my questions have been answered. If I have more questions, I have been told who to contact. By signing this document, I am giving permission for my child to be in this study. I will receive a copy of this document after I sign it.

Child's Name (printed) _____

Parent's Name (printed) _____

Parent's Signature _____ Date _____

If the materials to be analyzed include images or videorecordings, the additional signature line below should be added. ***If appropriate, use additional signature lines for other uses of images*** (e.g., teaching, publication, presentation)

Permission for use of images

I agree that **photographs/videorecordings** of my child may be created and analyzed for research purposes.

Parent's Signature _____ Date _____

The researcher signature section below is not required, but is recommended for research studies involving an in-person consent procedure, especially when consent may be obtained by multiple members of the research team.

Researcher Signature (to be completed at time of informed consent)

I have explained the study to the participant and answered all of his/her questions. I believe that he/she understands the information described in this consent form and freely consents to be in the study.

Name of Research Team Member

Signature of Research Team Member

Date