

XP Category 5 Parental Permission Template

Use this template if:

1. Your research involves **the analysis of materials originally collected for non-research purposes** (usually Expedited Category 5, sometimes Full Board) **AND**
2. Participants are Minors

In order to use materials from minors, you must first obtain Parental Permission.

Then, you must obtain written Assent from children ages 7 and older.

There are two procedural options, select the one that fits your study's circumstances best.

Either

Use two separate forms:

1. Parental Permission (this form)
2. Child Assent (see separate template)

Or

Use a combined Parental Permission/Assent form (see separate template)

Before you start: Read these tips!

1. Customize this template to reflect the specifics of your study.

- **Black text** – It is best to keep all language and formatting, including bolding, unless otherwise noted. If you do revise, please consult the standards document to be sure you are including all required elements of consent.
- **Blue text identifies consent elements required for ALL studies** and includes guidance on characteristics of that element that researchers should consider. Replace the blue text with the appropriate words for this required element that apply to your study.
- **Red text identifies elements required only when applicable to your study.** Not all elements will apply to all studies. Replace the red text with the appropriate words for this required element that apply to your study.
- **Green text shows suggested language or examples** related to consent elements in **blue** and **red** text.
- **Highlighted black text** provides instructions.

Color Code Key				
Black	Blue	Red	Green	Highlighted Text
Required Template Text	Required Element of Informed Consent	Required Element when applicable	Suggested Language/Examples	Instruction

2. For additional guidance and language suggestions, consult the **Consent Form Standards and Sample Language** document.

3. Before submitting the consent document to the IRB:

- **Remove all red and blue** (instructional) **text; If any suggested language (i.e., green text) will be retained, change text color to black.**
- **Remove all highlighting**
- **Remove this page.**
- **Failure to do the above** will result in return of your application without review.

Title of Research Project
Parent Permission Form

Your child is invited to be part of a research study being conducted by **name(s) of researcher(s)** at the University of Tennessee, Knoxville. Your child is being invited because they have participated in the **name of program, class, workshop, etc.** Being in this research study is voluntary, and you should only agree if you completely understand the study and want to volunteer to allow your child's **materials/information/specimens** to be used. This form contains information that will help you decide if you want your child to be part of this research study or not. Please take the time to read it carefully, and if there is anything you don't understand, please ask questions.

Purpose

The purpose of this study is to **state purpose explore/investigate/understand** the effectiveness of **name of program/class/workshop/etc that is being studied**. I/we plan to **state planned uses e.g., publish articles and/or books, etc. and make presentations at conferences** to share the results of this research.

Participation

If you choose to allow your child to participate **and your child also agrees required for age 7 and older**, I/we will analyze **list anything here that you wish to analyze: records? artifacts? etc.the materials your child created during their time in name of program, class, workshop, etc., the pre- and post-surveys they completed to tell us what they thought about it/what they learned, If the list is long, use bullets**. Because these are all things that are part of their regular activities in **name of program, class, workshop, etc.**, participation in the research will not require any additional time.

Benefit

Your child will not receive any direct benefit from allowing their **materials/information/specimens** to be used in the research project, but we hope to learn things that will benefit **society/science/teachers/researchers/social workers/ etc** in the future.

Risks

This research is considered to be no more than minimal risk, which means there is no more expected risk to you than what your child might experience during a typical day. There is the risk of possible loss of confidentiality, as someone could find out your child was in the study or see their study information, but **I/we** believe that risk is unlikely because of the procedures we will use to protect their information.

Confidentiality

If you and your child agree to participate in the research, **I/we** will assign your child a **pseudonym (fake name)/code number or state other plans** and use that instead of their name on all of the materials before **I/we** begin analyzing them for the research study. These materials **will be stored in a secure location on the UT campus or describe other secure storage procedures if applicable**. No information which could identify your child will be shared in publications and presentations about this study **or databases in which results may be stored**. If **I/we wish to include your child's name, pictures, recordings, or other information that could identify them in publications or presentations**, **I/we will ask for separate written permission for this**.

Future Research

Either

Your child's [materials/information/biospecimens](#) may be used for future research studies or shared with other researchers for use in future studies without obtaining additional informed consent from you. If this happens, all of your child's identifiable information will be removed before any future use or sharing with other researchers.

Or

Your child's [materials/information/biospecimens](#) will not be used or shared with other researchers for future research, even if identifiers are removed.

Contact Information

If you have any questions about this research, please contact me, [name of researcher, at netID@utk.edu or telephone number](#) or [my advisor, name of advisor, at netID@utk.edu or telephone number](#)—**required for student studies**. If you have any questions about your rights as a research participant, please contact the Institutional Review Board (IRB) of the University of Tennessee, Knoxville, at [utkirb@utk.edu](#) or 865-974-7697. You may also contact the IRB with any problems, complaints or concerns you have about a research study.

Voluntary Participation

It is completely up to you and your child to decide to be in this research study. Even if you decide to be part of the study now, you may change your mind at any time and stop participating by [insert here procedures for discontinuing participation](#). Your child will not lose any services, benefits, or rights they would normally have if you choose not to give permission, or if you or your child change your minds and stop participating later.

If you agree that your child may participate, please print and sign the **Parent Permission** section below on both copies of this form. Return one copy to [specify](#) and keep one copy for your records. If you do not wish for your child to participate in the research, it is not necessary to do anything, as I/we cannot use their materials without your permission **and their assent required for age 7 and older**.

Parent Permission

I have read the above information. I have received a copy of this form. I understand that my child's participation in this research study includes allowing [name of researcher](#) to use my child's [materials/information/biospecimens](#) for research purposes. I agree that my child may participate in this study.

Child's Name (printed) _____

Parent's Name (printed) _____

Parent's Signature _____ Date _____

If the materials to be analyzed include images or videorecordings, these should have been listed above in the Participation and Consent sections, and 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 from [name of program, class, workshop, etc.](#) may be analyzed for research purposes.

Parent's Signature _____ Date _____