

PARENTAL Consent Form

**<<Insert Title of Study>>**

Your child/legal minor is invited to be in a research study of <<Insert general statement about study>>. Your child/legal minor was selected as a possible participant because <<Explain how participant was identified>>. We ask that you read this form and ask any questions you may have before agreeing your child/legal minor to participate in the study.

This study is being conducted by <<Name of researcher(s), department>> of SUNY Potsdam.

**Key information about the Study**

* **We are seeking your consent to participate in this study; participation is voluntary**
* **Purpose of this study:** <<Explain research question and purpose in lay language>>
* **Expected duration of your participation in the study:** <<Explain how long it will take subjects to participate in the study>>
* **Procedures:** If you agree to be in this study, we would ask you to do the following things: <<Explain tasks and procedures. Participants should be told about video or audio taping, assignment to study groups, length of time for participation, frequency of procedures, location of study, etc.>>

### Risks and Benefits of being in the Study: <<Describe nature of and likelihood of experiencing each risk. All risks must be identified and described. If there are significant physical or psychological risks to participation, insert description of the conditions under which the researcher will terminate the study. Describe nature of and likelihood of experiencing each benefit. If no benefits, state that fact here>>

**Compensation**

Your child/legal minor <<will/will not>> receive compensation for your participation. <<Provide payment, reimbursement or other compensation information. If subjects receive class points or some other token, include that information here. Explain when disbursement will occur and conditions of payment. For example, if monetary benefits will be prorated due to early withdrawal. If there is no compensation for participation, state that fact here. >>

**Confidentiality**

The records of this study will be kept private. In any sort of report we might publish, we will not include any information that will make it possible to identify a subject. Research records will be stored securely and only researchers will have access to the records. <<If tape recordings or videotapes are made, explain who will have access, if they will be used for education purposes, and when they will be erased.>>

<<Important: **for any research involving the collection of identiﬁable private information** or identifiable biospecimens, **consent MUST INCLUDE ONE of these two statements** about future research. Select the statement that applies, and delete other statement:>>

* "Identiﬁers might be removed and the de-identiﬁed <<information / biospecimens>> used for future research without additional informed consent "; OR
* "Your child/legal minor's<<information / biospecimens>> will NOT be used or distributed for future research studies even if identiﬁers are removed."

<<If the research does NOT involve the collection of identifiable private information or biospecimens, do NOT include the statements above>>

**Voluntary Nature of the Study:**

Participation in this study is voluntary. Your decision whether or not to allow your child/legal minor to participate will not affect your current or future relations with SUNY Potsdam <<list any cooperating agencies or institutions>>. If you decide to allow your child/legal minor to participate, your child/legal minor is free to not answer any question or to withdraw at any time without affecting those relationships.

**<<Include the following section ONLY for clinical research and research with biospecimens:**

**Clinical research and research with biospecimens:**

Clinically relevant research results, <<will/will not>> be disclosed to you. <<If applicable, describe under what conditions such results will/ will not be disclosed to subjects>>

Research testing on your sample <<will/will not>> include whole genome sequencing. This means we <<will/will not>> map your entire genetic code. If you have questions about this ask the study staff.

If applicable: Your sample may be used to develop new drugs or other products for commercial purposes. If these products make money you will not share in this commercial profit.

If the study is not clinical research or research with biospecimens, delete this section from the consent form**>>**

**Contacts and Questions:**

The researcher(s) conducting this study is/are <<List researchers’ names>>. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact them at <<Insert location, phone number and email address. If the researcher is a student, include the supervising faculty or staff member’s name, telephone number and e-mail address here.>>

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher(s), **you are encouraged** to contact David Bugg, Chair of the SUNY Potsdam Institutional Review Board by mail (238 Satterlee Hall, 44 Pierrepont Avenue, Potsdam, NY, 13668), telephone (315-267-2688) or email (SUNYPotsdamIRB@potsdam.edu).

**Approval by the Provost of SUNY Potsdam and the Institutional Review Board attests only that appropriate safeguards have been included in the research design to protect human participants. This approval does not imply that the College endorses the content of the research or the conclusions drawn from the results of the research.**

***You will be given a copy of this information to keep for your records.***

**Statement of Consent:**

I have read the above information. I have asked questions and have received answers. I consent to allow my child/legal minor to participate in the study.

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

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

Legally Authorized Representative's

Signature\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Electronic signatures are now allowed for documentation of consent. Participants may insert a scanned signature or use a program for inserting electronic signatures (for instance, Adobe, DocuSign, etc.) Typing the participant's name in the form will NOT serve as documentation of consent.

Signature of Investigator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_