



**Sample Parent/Guardian Permission Document**  
**[Note: Remove all Instructions from the final document]**

**PARENT/GUARDIAN PERMISSION DOCUMENT**

[Insert Study Title]

Your child is being asked to participate in a research study about [insert general statement about study]. Your child was selected as a possible participant because [explain how subject was identified]. In order for your child to participate, permission needs to be obtained from a parent or legal guardian. Please read this form and ask any question before agreeing to let your child be in the research study.

[Insert "this study is being done as part of the requirements for my \_\_\_\_\_ degree at Lourdes University" or "this study is being done by researchers at Lourdes University.]

**BACKGROUND INFORMATION**

The purpose of this research is [explain the research question and purpose].

I/We hope that [insert the maximum number of participants] will agree to join the study.

**PROCEDURES**

If you agree to allow your child to be a participant in this research, we would ask him/her to do the following things.

- Describe the procedures to be followed (include audio taping or videotaping if applicable)
- State the duration (subject time commitment) and location of the study.
- If applicable, state that the child will be taken out of regular class for the purpose of the study.
- If applicable, state that the school has agreed to participate in the study and how the school will be involved with the study (i.e. teachers will administer the survey, teachers will collect permission/assent forms and surveys, etc.)
- If applicable, explain any special circumstances under which you would terminate the subject's participation.

**RISKS AND BENEFITS**

This research has the following risks....

- Explain any expected risks or discomforts a subject may experience and the likelihood of the risks/discomforts. Risks may be physical, emotional, social, academic, financial (such as risks to employment) etc. If there are no known risks/discomforts to participation say "There are no known risks associated with this research." If there is a significant risk or discomfort, the subject should be told under what conditions the researcher will terminate the study.

- *If applicable, appropriate care will be made available or an appropriate referral will be made available if a particular problem is discovered and if the participant experiences an adverse physical or psychological reaction to the study.*

The benefits to participation are...

- *Explain benefits of participation that will be gained by the participants or others (Note: compensation is not a benefit)*

### **COMPENSATION**

You will receive the following compensation for your participation...

- *Explain the amount of compensation such as college credit, food, gift certificate. If there is no compensation say “There is no compensation for participation.”*

### **ALTERNATIVES**

- *List any alternatives to the study (i.e. subject may choose to do an alternative class assignment for extra credit instead of participating in the research.) If there are no alternatives you can exclude this section.*

### **PRIVACY**

- *List the extent to which confidentiality or anonymity of the data and privacy of the subject will be maintained.*
- *State who will have access to the data.*
- *State that data may be published or presented at a conference (or how it will be publicly presented) and how privacy will be maintained.*
- *If applicable and with respect to confidentiality and/or anonymity, explain how data and/or consent forms will be distributed, collected, returned, and handled (i.e. will consent forms or surveys be sealed by subjects in separate envelopes before they are returned, will consent forms and surveys be collected and stored separately, etc.)*
- *If applicable, state how tape or video recordings will be made and used (i.e. transcribed, copied, etc.), who will have access to them, and when they will be erased or destroyed.*
- *If applicable (for class instructors who are also the researchers), state that consent forms will be kept in a sealed envelope and not viewed until grades are posted to address potential coercion.*
- *If applicable, state that data will be collected or shared with a third party and explain why this will be done and what steps will be taken to protect the subject’s privacy.*
- *If applicable (web based surveys), inform subjects of the security (i.e. is the web site secure or encrypted, who will collect the data, will the data be collected with or without identifiers.)*

### **VOLUNTARY PARTICIPATION**

Participation is voluntary. There is no penalty if you choose not to allow your child to participate or if your child chooses not to participate. You are free to withdraw your child from the study at any time without penalty. [Note that a subject cannot withdraw once an “anonymous” survey is submitted; however, a subject may choose not to complete the survey.]

- *If applicable, state that the child’s grades and class standing will not be affected by their decision to participate or not to participate in the study*

- *If applicable, add a statement such as “There is no loss of benefits to your child if he/she withdraws” or state how compensation will be prorated.*
- *If applicable, state that a subject may skip any questions they do not feel comfortable answering.*
- *If applicable, state that the subject may request the audio or video tape to be turned off at any time.*

### **CONTACTS and QUESTIONS**

- The researcher(s) conducting this study is/are [*Responsible Investigator, Co-Investigators, and/or Faculty Advisor* ]. If you have questions you may contact them at [*contact information*].
- *If applicable, list any other contacts such as a school principal, school counselor, etc.*

If you have questions about the rights and welfare of research participants please contact the Lourdes University Institutional Review Board:

Institutional Review Board Administrator  
Lourdes University  
6832 Convent Boulevard  
Sylvania, Ohio 43560  
[irb@lourdes.edu](mailto:irb@lourdes.edu)

**OR**

Barb Tassell DNP, RN, EBP-BC, NPD-BC  
Chairperson, Institutional Review Board  
[btassell@lourdes.edu](mailto:btassell@lourdes.edu)

### **ADDITIONAL INFORMATION and INSTRUCTIONS**

- *If applicable [i.e. young children who cannot read or are not proficient readers], add a line similar to “Your child will be orally told about the study by [state by who and where this will be done] so he/she understands what will take place and have an opportunity to ask questions.” [Note in this case a child’s signature is not collected but rather the child will give their oral assent.]*
- *If applicable [i.e. children or teenagers that are capable of reading and understanding an assent form] add “In addition to your permission, your child will be given an assent form to read and sign. Your child will have the same opportunity to decide if he/she wants to be in the research. Even if you give your permission, your child may still refuse to be in the research.”*
- *If applicable, add “The assent form for your child is attached, please help your child read and understand this assent form and then have him/her sign it at the bottom.”*
- *If applicable, add “The child assent form will be given to your child to read and sign” [state when and where the child will be given the assent form.]*
- *Add any other instructions such as how to return the parental consent form or child assent form (i.e. seal the consent and assent form in the self-addressed envelope provided, return the forms to your child’s teacher, etc.)*

**RETURN INSTRUCTIONS**

- *Add any other instructions such as how to return the survey or consent forms (i.e. seal the consent form in the self-addressed envelope provided, return the survey to the instructor, etc.)*
- *If you would like a copy of the research results, please inform the researcher.*

**A COPY OF THIS PERMISSION FORM IS BEING PROVIDED FOR YOUR RECORDS**

**STATEMENT OF PERMISSION**

I have read and understand the information above and I willingly give my permission to allow my child to participate in this research study.

Child's Name (Please Print): \_\_\_\_\_

Parent/Guardian Name (Please Print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**INVESTIGATOR ASSURANCE**

I have given this Parent/Guardian an opportunity to ask questions about the research.

Investigator \_\_\_\_\_ Date \_\_\_\_\_