**Parental Informed Consent: Minor Participant**

**Title of Study:** Click or tap here to enter text.

**Principal Investigator (PI):** Click or tap here to enter text.

**PI Email:** Click or tap here to enter text. **PI Phone #:** Click or tap here to enter text.

**Student Researcher (SR):** Click or tap here to enter text.

**SR Email:** Click or tap here to enter text. **SR Phone #:** Click or tap here to enter text.

**Faculty Sponsor (FS):** Click or tap here to enter text.

# FS Email: Click or tap here to enter text. FS Phone #: Click or tap here to enter text.

# Your child has been selected to participate in a research study being conducted as part of a [DESCRIBE] at the University of Houston-Clear Lake. The purpose of this study is to [DESCRIBE in plain English]. Participation in the study will require your child to [DESCRIBE in plain English]. It will take about [COMMITMENT OF TIME] for your child to participate in the study.

The benefits to your child of this research include [DESCRIBE in plain English].Other benefits of this study include [DESCRIBE in plain English, such as how this research helps us to understand a particular issue].

[ ]  **There are no foreseeable risks of participation.**

[ ]  **The foreseeable risks of participation include:** [DESCRIBE in plain English].

Participation is voluntary and your child may be withdrawn from the study at any time without penalty. Information collected as part of this study will be kept entirely confidential and will be reported only in summary form so that participants cannot be identified. Code numbers or pseudonyms may be assigned to participants to insure that responses are anonymous.

If you have any questions about this research, or any related problems with the project, please call the student researcher or faculty sponsor indicated on this form.

***Please keep PAGE 1 of this document for your information.***

***Thank you for your assistance.***

***For Minor Participants between 7 and 17 years old:***

[ ]  **Assent requirement has been waived by the IRB.**

[ ]  **Assent is required.** Experimenter will read the following to the minor participant: “We will do everything to make sure that you do not get hurt in any way. We will be the only people who know what you say and do. [DESCRIBE specifics of study in plain English]”

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[ ]  **Yes, I agree to allow my child to participate in the study** [title]

[ ]  **No, I do not wish to allow my child to participate in the study** [title]

**Printed Name of Minor Participant:** Click or tap here to enter text.

**Printed Name of Parent or Guardian:** Click or tap here to enter text.

**Signature of Parent or Guardian Date**

**Signature of Minor Participant Date**

**Signature of Investigator Date**

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) INSTITUTIONAL REVIEW BOARD (IRB) HAS REVIEWED AND APPROVED THIS PROJECT: PROTOCOL NUMBER **[ADD PROTOCOL CODE]**. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH PARTICIPANT MAY BE ADDRESSED TO THE UHCL IRB (281-283-3015 or sponsoredprograms@uhcl.edu). ALL RESEARCH PROJECTS THAT ARE CARRIED OUT BY INVESTIGATORS AT UHCL ARE GOVERNED BY REQUIREMENTS OF THE UNIVERSITY AND THE FEDERAL GOVERNMENT.

(FEDERALWIDE ASSURANCE # FWA00004068)