

**PARENTAL INFORMED CONSENT: ADOLESCENT PARTICIPANTS AGES 7 THROUGH 17**

**Title of Study:** [Click or tap here to enter text.](#)

**Principal Investigator:** [Click or tap here to enter text.](#)

**Student Researcher:** [Click or tap here to enter text.](#)

**Faculty Sponsor:** [Click or tap here to enter text.](#)

Your child is invited to participate in a research project. Your child's participation is entirely voluntary and you may choose that your child not participate. If you choose for your child to participate, or if you withdraw your consent and stop your child's participation in the study, your decision will involve no penalty or loss of benefits normally available for you or your child. If you have any questions about the study, please contact the  **Principal Investigator** or  **Faculty Sponsor/Student Researcher** listed above.

**Purpose:** [Click or tap here to enter text.](#)

The purpose of this research is to study {describe purpose / aim of project with enough detail for parent to know exactly why the study is being conducted.}. A description of the procedures is as follows: {Insert a description, in lay language, of the procedures to be conducted with enough detail to allow the parent to know exactly what is going to happen and what is expected of the child.} It will take about {commitment of time} for your child to complete {identify type of instrument, e.g., the survey, etc.}.

**Benefits of this Research:** [Click or tap here to enter text.](#)

The benefits of this research include {provide direct benefits for child, if any}  
{OR}

There are no direct benefits expected as a result of your child's participation in the project, however, research like this does help to develop better understanding of {insert reasonably expected general result(s)}.

**Risks of this Research:** [Click or tap here to enter text.](#)

There are no risks expected as a result of your child's participation. {If there are any foreseeable risks or discomforts, i.e., physical, psychological, emotional, etc., they need to be stated. Provide possible professional agency(ies) for treatment and contact information.}

Any information obtained from this study will remain confidential. Your child's responses will not be linked to his or her name or your name in any written or verbal report of this research project. The data collected will be used for educational and publication purposes and presented in summary form. For federal audit purposes, the documentation for this research project will be maintained and safeguarded by the  **Principal Investigator** or  **Faculty Sponsor** for a minimum of three years after completion of the study. After that time, documentation may be destroyed.



**Signatures:**

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow your child to participate in the study. You are free to withdraw consent for your child to participate in this study at any time by contacting the  **Principal Investigator** or  **Faculty Sponsor**. You will be given a copy of this consent form for your records.

**Printed Name of Child:** [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:** [Click or tap here to enter text.](#)    **Date:** [Click or tap here to enter text.](#)

**Signature of Investigator:** [Click or tap here to enter text.](#)    **Date:** [Click or tap here to enter text.](#)

THE UNIVERSITY OF HOUSTON-CLEAR LAKE (UHCL) INSTITUTIONAL REVIEW BOARD (IRB) HAS REVIEWED AND APPROVED THIS PROJECT. ANY QUESTIONS REGARDING YOUR RIGHTS AS A RESEARCH SUBJECT MAY BE ADDRESSED TO THE UHCL IRB (281-283-3015). 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)