



PARENTAL INFORMED CONSENT: CHILD PARTICIPANT UNDER AGE 7

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 has been selected to participate in a research study being conducted as part of a [Click or tap here to enter text.](#) at the University of Houston-Clear Lake. The purpose of this study is to [Click or tap here to enter text.](#) Participation in the study will require your child to [Click or tap here to enter text.](#) This study will cover a period of [Click or tap here to enter text.](#)

The benefits to your child of this research include: [Click or tap here to enter text.](#)

- There are no foreseeable risks of participation.
- The foreseeable risks of participation include: [Click or tap here to enter text.](#)

Participation is voluntary and your child may be withdrawn from the study at any time without penalty.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 individuals cannot be identified. Code numbers or pseudonyms may be assigned to subjects 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 the top portion of this page for your information. Thank you for your assistance.

- Yes, I agree to allow my child to participate in the study (title)** [Click or tap here to enter text.](#)
- No, I do not wish to allow my child to participate in the study (title)** [Click or tap here to enter text.](#)

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)

