

HML IRB Sample Parental Informed Consent

Parental Informed Consent

For study participants less than 18 years old
[for survey, FGD, etc.. here]

Your Study Title Here
Your Organization Name Here

Hello, my name is _____, and I work with [your organization].

We are conducting a study about [the purpose of your research].

We would very much appreciate your child's participation in this study. Your child's participation involves a [survey or interview or FGD, etc.] about your experiences with [study purpose]. Your child was selected [how and why selected].

The [survey, etc.] will take your child about [time] to complete.

Your child's participation in this study is voluntary. If your child does not want to be in the study, it is OK. If they want to be in the study now and change their mind later, that's OK too. If you and your child agree to participate, your child can decide not to answer any question, skip any question, and stop at any time. Your decision about whether your child may participate in this study or to answer any specific questions will in no way affect any services that you or they receive. We will encourage your child to answer questions honestly and openly to best understand their experiences and thoughts.

We will record your child's information by [audio, photo, video, or other].

The information your child provides will be strictly confidential and never connected to your child or you. We will put information we learn from your child together with information we learn from other people in the study. No one will be able to tell what information came from your child. When we tell other people about this research, we will never use your child's name, and no one will ever know what answers they gave unless required by law (*ex; child abuse*). Only a few researchers will have access to this information, and all information will be stored safely under the care of the lead researcher.

[For focus groups] Please note that we will ask your child to keep our discussion confidential from anyone outside of the group. They may use a pseudonym instead of their real name.

We will use the information your child provides to [briefly explain uses and reuse of data collected].

Your child's participation in this study may not benefit them or you directly, but it may benefit others, as your child's responses may improve [*study goals*]. There are [*no risks or these risks; describe*] for your child in this study.

Before you say yes or no to your child being in this study, we will answer any questions you have. If your child joins the study, your child or you may ask questions at any time. You or your child may also contact [*local accessible name, phone/text number, email*] if you have any questions or concerns.

Do you have any questions now?

Do you understand everything I have explained?

Would you like a copy of this consent?

Do you agree to allow your child to participate in this study?

Child's Name: _____

Signature of Child's Parent or Guardian: _____

Researchers also please note:

1. Informed consent must be obtained from each child subject's parent or guardian
2. For child subjects who are of reading age (5 –17 years) this should be accompanied by an appropriate reading level child assent. Please see *Sample Informed Assent*.
3. If you have more than one type of data collection (survey & FGD), you will need separate parental ICs for each type.
4. Consent may be signed, agreed to verbally, or confirmed by an online checkbox.
5. Your contact info must be provided for parent to keep.