**DICKINSON STATE UNIVERSITY**

**Parent/Guardian Permission for Child’s/Ward’s Participation in Research**

You are being asked to allow your child (or ward) to participate in a research project entitled “[*Title of Project].*”This research project is being conducted by *[name of researcher],* a *[faculty member/staff member/student]* in *[discipline/department]* at Dickinson State University. The researcher has explained to you in detail the purpose of the project, the procedures to be used, and the potential benefits and possible risks to your child (or ward). You may ask the researcher any questions you have to help you understand this study and your child’s (or ward’s) possible participation in it. A basic explanation of the research is given below. From this point on in this form, the term “child” is used for either a child or a ward. Please read the remainder of this form carefully and ask the researcher any questions you may have. The University asks that you give your signed permission if you will allow your child to participate in this research project.

**Purpose of the Research:** This study involves research. The purpose of the study is to *(provide a succinct statement of the reason you are conducting the research that will be understandable to the parent/guardian).*

**Procedures:** *Provide, in the third person person (i.e., “Your child will…”), an understandable explanation of activities and procedures in which the child will be involved. Identify which, if any, of the procedures are experimental and indicate if there are any alternatives to the experimental procedures. If there are no alternatives to the experimental procedures, you may state: “There are no alternatives to the experimental procedures in this study. The only alternative is to choose for your child not to participate at all.” If the study involves collection of research data about an educational strategy in a required course, be sure to differentiate clearly between the activities that are part of the research project and therefore voluntary and those that are required for course completion and academic credit.*

*Include information about the duration of the child’s involvement in the study and the time requirements (e.g., “You will be asked to bring your child to the laboratory at the University once a week for six weeks at times that will be scheduled at your convenience. Each appointment will take approximately one hour. During that time, your child will be asked to … and to… Your child will also be asked to keep a daily diary of … during the first and last weeks of his/her participation in the project…”).*

*If the study involves concealment or deception, provide a general explanation of procedures in a statement similar to the following: “There are some details about the study that you are not being told in advance. When your child’s participation is over, the study will be explained to you in full detail, and all of your questions will be answered. At that time, you can decide whether or not you want your child’s information to be used in the study.”*

**Possible Risks or Discomfort:** *Identify possible discomforts or risks that the child might experience, including physical discomfort and minor issues such as frustration, embarrassment, or uneasiness in dealing with sensitive issues. State the risk level to the child (minimal or more than minimal), considering the probability and the magnitude of harm, as part of the explanation. Do not say that the study carries no risk for the child. If risks are unknown, the following statement may be used: “Although there are no known risks to your child associated with these research procedures, it is not always possible to identify all potential risks of participating in a research study. However, the University has taken reasonable safeguards to minimize potential but unknown risks.”*

*If the possibility of either physical or psychological injury exists, include this statement: “If your child [is injured/experiences psychological distress] as a result of his/her participation in this study, please contact [researcher name] at [telephone number]. Neither the researcher nor Dickinson State University has made special provision for services required to treat any [injury/ psychological distress] that your child may suffer as a result of participating in this research study.” If the minor is a DSU student, add the following phrase to the above sentence: “beyond those normally provided to DSU students.”*

*The Possible Risks or Discomfort section should end with the following sentence:* By granting permission for your child to participate in this research project, you are not waiving any rights that you or your child may have against Dickinson State University for injury resulting from negligence of the University or its researchers.

**Potential Benefits:** *Describe any anticipated or possible benefits to the child and/or society. Be realistic in terms of both benefits for the child and potential contribution to the discipline or society. The following phrase may be used when there are no direct benefits anticipated for the child: “Although your child [may/will] not benefit directly from this research, his/her participation will help the researcher gain additional understanding of… Knowledge gained may contribute to addressing …”*

**Costs and Compensation:** *Describe any costs to the parent/guardian for the child’s participation in the research. (Note: One of the most common costs to parents is the cost of transporting the child to the research site.) Describe any compensation (money, gifts, or services outside of the research activity; inclusion in a lottery for any of the preceding types of compensation; or extra academic credit) that the child or the parent/guardian will receive. Provide details of how, when, and for what activities compensation will be provided. If there are no costs associated with the child’s participation in the research and compensation will not be provided to either the child or the parent/guardian, simply state: “There are no costs to you or your child and there is no compensation (no money, gifts, or services) for your child’s participation in this research project.” Be sure that any compensation offered is reasonable for the time and effort required of the child and parent/guardian and that the compensation offered would not be viewed by the average person as being coercive. When offering extra credit for DSU minor students’ participation in research, an alternative activity (such as review of a journal article or similar activity) may be substituted so that students do not feel pressured to participate in the research to qualify for extra credit. Make sure that the time and level of effort required for the alternate activity is not significantly greater than that required for participation in the research study.)*

**Assurance of Confidentiality:** Dickinson State University and the researcher will keep your child’s information confidential to the extent allowed by law. Members of the Institutional Review Board (IRB), a university committee charged with reviewing research to ensure the rights and welfare of research participants, may be given access to your child’s confidential information.

*If the study is funded by an external sponsor and the grant or contract gives the sponsor rights to identifiable data, add: “Representatives of [name of sponsor], which is providing financial support for this research, may also be given access to personal information about your child.” Provide details about what information the sponsor will receive and the purposes for which the sponsor will use the data.*

*Describe how the child’s private information obtained by the researcher will be protected, including where it will be kept, who will have access to the information, how it will be protected from unauthorized access, how long it will be kept, and how it ultimately will be destroyed.*

*Do not tell the parent/guardian that the child will remain anonymous or his/her data will be anonymous if there is any way that you or anyone else can link the identity of the child to his/her information at any time during or after the study. Use of a code number linking identity and data, a video or audio recording, or capturing of an email address that can be linked to information about the child destroys the child’s anonymity, even if the code list, recording, or email address is destroyed or deleted after receipt of information and/or entry of data into a database. Such actions may render data anonymous to other individuals in the future, but they do not change the fact that the data were not anonymous to the researcher at an earlier time in the study. Instead, explain how you will ensure that information about the minor participant will be kept confidential and protected from unauthorized access.*

*As appropriate, inform the parent/guardian how data from the study will be reported (e.g., reported in combination with information obtained from other participants, not associated with participants by name, not individually identifiable, use of pseudonyms, etc.).*

**Voluntary Participation:**  Your decision to allow your child to participate in this research project is entirely voluntary. If you agree now to allow your child to participate and you change your mind later, you are free to withdraw your child from the study at that time. *If the child is old enough to assent to participate in the research, add the following sentence: "Even if you give your permission and want your child to be part of the study, your child may decide not to participate at all, or he/she may leave the study at any time.”* By not allowing your child to participate in this study or by withdrawing him/her from the study before the research is complete, you are not giving up any rights that you or your child have or any services to which you or your child are otherwise entitled to from Dickinson State University. *If the child is old enough to assent to participate in the research, add the following sentence: "Likewise, if your child decides on his/her own not to participate or to drop out of the study later on, he/she is not giving up any rights, including rights to services from Dickinson State University to which he/she is otherwise entitled.” If the minor participants are DSU students, indicate as appropriate that a decision not to participate will not affect their grades.*

*If the study involves surveying or interviewing children, add the following sentence: “Your child may skip any questions that he/she does not want to answer.” (Note that, if you are using an internet survey tool, it must be programmed to accept a non-response.)*

*If the study involves collection or use of data that remains identifiable to the researcher, also inform the parent/guardian that, should he/she decide to withdraw the child from the study after data collection is complete, the child’s information will be deleted from the database and will not be included in research results.*

*If the study involves concealment or deception, reiterate that the parent/guardian will have the opportunity to decide whether to allow his/her child’s data in the study after the child’s participation is over and the research has been fully explained.*

**Information Contacts:** *The wording in this section will depend on whether the research project is exempt from IRB review per the Federal regulations or if it must undergo expedited or full review.*

*For* ***exempt*** *research, please use the following statement verbatim:* Questions regarding the purpose or procedures of the research should be directed to *[name of researcher]* at [*telephone number]* or [*e-mail address]*. This study has been exempted from Institutional Review Board (IRB) review in accordance with Federal regulations. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your child’s rights as a research participant, you may contact the DSU Office of Academic Affairs at: 701.484.2330, or Email: [connie.m.klein@dickinsonstate.edu](mailto:connie.m.klein@dickinsonstate.edu) or Mail: DSU Office of Academic Affairs, 291 Campus Drive, Dickinson, ND 58601.

*For* ***non-exempt*** *research (i.e., expedited or full review required), please use the following statement:* Questions regarding the purpose or procedures of the research should be directed to [*name of researcher]* at [*telephone number]* or [*e-mail address]*. This study has been approved by the Dickinson State University Institutional Review Board (IRB) for the Protection of Human Research Participants. The IRB, a university committee established by Federal law, is responsible for protecting the rights and welfare of research participants. If you have concerns or questions about your child’s rights as a research participant, you may contact the DSU Office of Academic Affairs at: 701.484.2330, or Email: [connie.m.klein@dickinsonstate.edu](mailto:connie.m.klein@dickinsonstate.edu) or Mail: DSU Office of Academic Affairs, 291 Campus Drive, Dickinson, ND 58601.

**Agreement to Participate:** The research project and my child’s (or ward’s) role in it have been explained to me, and my questions have been answered to my satisfaction. I grant permission for my child to participate in this study. By signing this form, I am indicating that I am either the custodial parent or legal guardian of the child. I have received a copy of this permission form.

# *I would like to receive a copy of the results of this study: \_\_\_\_\_ Yes \_\_\_\_\_ No*

*Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**This research project has been approved by the Dickinson State University Institutional Review Board for the Protection of Human Research Participants through the date noted below:**

*e-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Child/Ward

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Person Obtaining Consent Date