***Delete all instructions in red before submitting to the IRB***

**Use this template when the parent gives permission and the child gives separate assent, or the child is not capable of giving assent. For older children (ages ~12+) who are giving assent, use the combined parent permission / child assent form instead.**

Instructions are in red. Customize the language in black as needed to fit your study. When you have finished, ***read over*** the entire document to ensure it makes sense and is accurate.

You are free to change wording, formatting, font, etc., as long as all the [required elements of informed consent](https://panthers.sharepoint.com/%3Ab%3A/s/USA/EZOS2ga0duBHk36s45SZ0wQBSiceMxIMy_-eULHQce5b-A?e=c47Kj9) are included. This template is for your convenience only; you are not required to use it.

* Use simple language. Avoid technical terms.
* Write in a conversational tone, as though you’re speaking to your participants.
* Use pronouns (I, we, you) and contractions (we’re, won’t, isn’t). The template default is “we”; you can change this to “I” if you’re doing the research entirely on your own.
* Use short paragraphs (~4 lines or less). Don’t write walls of text.
* Feel free to use bullet points, tables, graphs, pictures, diagrams, etc. to more clearly convey the study information.

|  |  |
| --- | --- |
| **Study title** | [insert] |
| **Researcher[s]** | [insert name(s) and title / degree / department, as applicable] |

We’re inviting your child to participate in a research study. Participation is completely voluntary. If you agree to let your child participate now, you can always change your mind later. There are no negative consequences, whatever you decide.

If the consent document (excluding signature lines) is more than 4 pages, it must begin with a concise and focused presentation of key information that will help a parent decide whether or not to let their child participate. Complete this box with a very brief explanation in simple language for each line below. You can provide more details later in the document.

For consent documents 4 pages or less, delete this box.

**Overview**

**Purpose:**

**Procedures:**

**Time Commitment:**

**Primary risks:**

**Benefits:** (NOT compensation)

**What is the purpose of this study?**

[describe the purpose or goals in simple language]

**Examples:** We want to understand how young children learn to pronounce certain sounds. **– or –** We want to study whether giving children information about healthy eating helps them make better choices in the lunch room.

**What will my child do?**

[Describe all study procedures in simple language, and include the amount of time each activity will take. For multiple procedures, use separate paragraphs or bullet points for each to make it easy to read.

If your study includes surveys or interviews, briefly describe the types of questions that will be asked. If there are any questions that parents or children could find objectionable, be sure to indicate that here as well.]

**Examples:** Your child will be in a focus group with about 5 other children, ages 10-13. A focus group is a discussion with a group of people about a certain topic. They will discuss and share their experiences helping care for an adult with a disability, and ways that doctors and others could provide them more support.

 **– or –**

* In our lab:
	+ We’ll ask your child questions about their health and exercise habits. (10 minutes)
	+ We’ll measure height and weight. (5 minutes)
	+ We’ll teach your child some exercises, and they’ll rate how easy and fun the exercises are. (30 minutes)
* At home afterward:
	+ We’ll ask your child to do each exercise for 5 minutes per day.
	+ Your child will keep a daily diary for 2 weeks to keep track of how often they do these exercises, and give feedback about the exercises.
	+ At the end of 2 weeks, you’ll mail the diary back to us in the envelope we provide.

**Risks**

|  |  |
| --- | --- |
| **Possible risks** | **How we’re minimizing these risks** |
| List the risks related to your study. Add as many rows as you need. Think about physical, emotional, social, employment, and/or financial risks.Sample language for some risks is provided in the rows below; use and/or edit as needed. | Describe any measures you’re taking to minimize the risks. |
| Some questions may be personal or upsetting [Delete this row if n/a] | Your child can skip any questions they don’t want to answer. |
| Others in the focus group sharing your child’s responses [Delete this row if not a focus group] | We ask all participants to keep everything said during the focus group confidential. However, we can’t control what others say, so we also remind everyone not to share anything they don’t want others to know. |
| Radiation exposure [delete this row if n/a] | * **Example:** When your child has the bone density test (DXA scan), they’ll be exposed to a small amount of radiation. The overall effect of radiation on the human body is measured in terms of Roentgen equivalents in man, or "rem". They’ll be exposed to a total of approximately 0.00012 rem for all the scans. In comparison, the amount of radiation received during a routine chest x-ray is 0.01 rem. The risk of harm from radiation exposure of this amount is too small to estimate.
 |

[Delete if n/a]There may be risks we don’t know about yet. Throughout the study, we’ll tell you if we learn anything that might affect your decision to let your child participate.

If there are no risks to your study – and we mean really, literally, you cannot think of a single thing that could possibly go wrong, and there is no possible way this could result in any type of harm whatsoever, you can use the following language instead of the table above: We do not know of any possible risks associated with this study.

**[Use if more than minimal risk. Edit as applicable to the specific potential risks in your research] What if my child is harmed from being in this study?**

If your child is harmed from being in this study, let us know. If it’s an emergency, get help from 911 or your child’s doctor right away and tell us afterward. We can help you find resources if your child needs psychological help. You or your insurance will have to pay for all costs of any treatment.

**Other Study Information**

|  |  |
| --- | --- |
| **Possible benefits** | * [List individual benefits (if any).]
* [List benefits to a larger group or society (such as helping understand more about xyz).]

**[Don’t** include compensation here; you’ll describe that below.] |
| **Estimated number of participants** | [insert #. If needed, add explanation or description of different groups, e.g. 40 teachers and 300 students] |
| **How long will it take?** | [insert total amount of time for individual participation] |
| **Costs** | [Describe. **Examples:** None **– or –** You’ll pay for your own transportation and parking] |
| **Compensation** | [Describe. **Examples:** None **– or –** $10 Amazon gift card][Use the following if participants are paid through UWM accounts payable, and you have NOT requested level 3 confidentiality]Due to UWM policy and IRS regulations, we may have to collect your name, address, social security or tax ID number, and signature in order to give you this compensation. |
| **If I don’t want my child to be in this study, are there other options?** [If the only alternative is not to participate, delete this row.] | Instead of participating, your child can [insert alternative(s)] **Example:** Instead of participating, your child can receive individual therapy through our office. We can provide details if you’re interested in learning more. [For research occurring in a school setting, explain what your child will do instead during the time others are participating in the research (if applicable)] |
| **Future research** | De-identified (all identifying information removed) data / biospecimens may be shared with other researchers. You won’t be told specific details about these future research studies. **– or –** Your child’s data / biospecimens won’t be used or shared for any future research studies. If your child’s biospecimens are used for commercial profits, these profits won’t be shared with you. |
| **Recordings / Photographs** [Delete this row if n/a] | We will record / photograph your child. The recordings / photographs will be used for [explain]. The recording / photography is optional. **– or –** The recording / photography is necessary to this research. If you do not want your child to be recorded / photographed, they should not be in this study. |
| **Removal from the study** [Delete this row if n/a] | [Describe any circumstances that would result in a participant being removed from the study. **Example:** In order for our data to be useful, it is important that your child attend every mindfulness session. If your child misses a session and can’t reschedule, we’ll have to take them out of the study.] |
| **Gene sequencing** [Delete this row if n/a] | The specimens your child provides will be used in genetic research. This research may include whole genome sequencing. [explain specifically what genetic research will be done in clear, easy to understand language.]**– or –** Your specimens will not be used for any genetic research or gene sequencing. |
| **Funding source** [Delete this row if n/a] | [insert funding source] |
| **Financial profits** [Delete this row if no biospecimens, or if no commercial profits are expected to result from the research] | If the researcher / sponsor earns financial profits from using your child’s biospecimens in this research, these profits will / won’t be shared with you or your child. |
| **Conflicts of Interest** [Delete this row if none of the researchers have a conflict of interest related to the study.] | [List the name and a brief description of any potential conflict of interest. Include how the conflict is being managed, in accordance with the approved management plan.] |

**Data Security** If applicable: Add “biospecimens”, or substitute “biospecimens” for “data” throughout this section.

|  |  |
| --- | --- |
| **What identifying information will be collected and why?** | [list and explain why / what it will be used for. **Example:** We will collect your name and address in order to give you extra credit.] |
| **How long will my child’s data be kept?** | [insert amount of time. If some types of data (e.g. identifiers) will be kept a different amount of time than other study data, explain.] |
| **How is data kept secure?** | [Use whichever of the following bullet points apply to your study. Add any other measures you’ll use to protect data security.] * Data is anonymous. **– or –** All identifying information is removed and replaced with a study ID.
* We’ll remove all identifiers after [insert amount of time or specific event].
* We’ll store all electronic data on a password-protected, encrypted computer.
* We’ll store all paper data in a locked filing cabinet in a locked office.
* We’ll keep your identifying information separate from your research data, but we’ll be able to link it to you by using a study ID. We will destroy this link after we finish collecting and analyzing the data.
* As with any data collected online, there is always a risk of data being hacked or intercepted. We’re using a secure system to collect this data [elaborate if desired], but we can’t completely eliminate this risk.
 |

**Who might see my data and why?**

|  |  |
| --- | --- |
| The researchers | To conduct the study and analyze the data |
| The IRB (Institutional Review Board) at UWM The Office for Human Research Protections (OHRP) or other federal agencies | To ensure we’re following laws and ethical guidelines |
| Anyone (public) | [edit as needed] We plan to share our findings in publications or presentations. Your child will not be identified by name. If we quote your child, we will use a pseudonym.[use if applicable] Our funding agency requires us to make our dataset public so other researchers can use it. |
| Include additional rows if there is anyone else who might access the data. Describe the purpose of this disclosure and what type of data (identifiable, de-identified, etc.). |  |

 **[Use if a clinical trial]** A description of this study will be posted on <https://clinicaltrials.gov/>. You can search this website at any time. This website won’t include information that can identify your child. At most, it will include a summary of the results.

**[Use if child abuse may be discovered during the research] Mandated Reporting**

We are mandated reporters. This means that if we learn or suspect that a child is being abused or neglected, we’re required to report this to the authorities.

**[Use if NIH funded] This study has a Certificate of Confidentiality**

To help us protect your child’s privacy, we have a Certificate of Confidentiality from the National Institutes of Health (NIH). With this certificate, we can’t be forced by a court order or subpoena to disclose information that could identify your child. However, there are times when your child’s identity wouldn’t be kept secret, even with a Certificate of Confidentiality:

* If a government agency inspects the records, or to meet FDA requirements
* If you give someone written permission to receive this information, or if you tell someone the information yourself
* If your child threatens harm to self or others
* In cases of child abuse
* If we’re required to report cases of certain contagious diseases (such as HIV) to the state

**Contact information:**

|  |  |  |
| --- | --- | --- |
| **For questions about the research, problems, or complaints** | [insert Researcher name(s)] | [insert phone & email, or other best contact method] |
| **For questions about your child’s rights as a research participant, problems, or complaints** | IRB (Institutional Review Board; provides ethics oversight) | 414-662-3544 / irbinfo@uwm.edu |

**Signatures**

If you have had all your questions answered and give permission for your child to participate in this study, sign on the lines below. Remember, your child’s participation is completely voluntary, and you’re free to remove them from the study at any time.

Name of Child (print)

Name of Parent or Guardian (print)

Signature of Parent or Guardian Date

**[Use if the researcher will obtain informed consent in person]**

Name of Researcher obtaining consent (print)

Signature of Researcher obtaining consent Date