**SUNY ORANGE**

**Human Subjects Research**

**Parental/Guardian Consent for Minor Child**

**to Participate in Research Study**

**Study Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Researcher:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* **This is a parental consent form for your minor child to participate in a research study. It contains important information about this study and what to expect if you permit your minor child to participate.**
* **Your minor child’s participation is voluntary. You or your child may refuse to participate in this study. If your child decides to take part in the study you or your child may leave the study at any time. Your decision will not affect you or your child’s current or future relationship with SUNY Orange.**
* **Please review the information carefully. Feel free to ask questions before making your decision whether or not to allow your minor child to participate. If you decide to allow your child to participate, you will be asked to sign this form on his/her behalf and will receive a copy of the form.**

**Purpose of the study:**

**Start date and duration of the study:**

**Study procedure:**

**Participation expectations:**

**Benefit to the subject or others:**

**Foreseeable risks or discomforts:**

**Confidentiality provisions and data disposition:**

**If applicable any cost to the subject:**

**Circumstances under which subject’s participation may be terminated:**

**Who can answer questions about the study:**

*I have read (or someone has read to me) this form and I am aware that I am being asked to provide permission for my minor child to participate in a research study. I have had the opportunity to ask questions and have had them answered to my satisfaction. I voluntarily agree to permit my child to participate in this study.*

*I understand that I am not giving up any legal rights by signing this form and I will be given a copy of this signed form.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of participant Signature of participant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of person authorized Signature of person authorized**

**to provide permission for participant to provide permission for participant**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**Investigator/Research Staff**

*I have explained the research to the participant before requesting the signature above. There are no blanks in this document. A signed copy of this form has been given to the participant or his/her representative.*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed name of person obtaining consent Signature of person obtaining consent**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**