(Note that shaded areas indicate the information specific to your study to be filled in)

Who is doing what and why?
Your child has been invited to take part in a research study to learn more about [purpose of study]. This study will be conducted by [Principal Investigator (PI)], [PI's Department and school] are invited to participate in a research study of [state what is being studied], Binghamton University.

If the investigator is a student
...as part of [his/her] [doctoral dissertation/master’s thesis work/etc.] [His/Her] faculty sponsor is [name of faculty sponsor], [Binghamton University school/department]

What will the subject be asked to do
If you give permission for your child's participation in this study, your child will be asked to do the following:

1. complete a questionnaire about his/her background (age, gender, education, etc.)
2. take part in two interviews concerning [subject matter of interviews]; and
3. (continue description of procedures, if necessary

If audio or videotaping will occur
Your child's interviews will be audio or video taped. He/she may review these tapes and request that all or portion of the tapes be destroyed. [In a group situation, add “that includes his/her participation.”]

Risks reasonably to be expected
Participation in this study will involve [two hours of your child's time; 30 minutes to complete the questionnaire and approximately 45 minutes for each of the two interviews. The interviews will be held two weeks apart.]

[There are no know risks associated with your child's participation in this research beyond those of everyday life];

OR

[Although every effort will be made to prevent it, your child may find the sensitive nature of some of the questions upsetting. In that event, the investigator will provide (indicate the procedures for alleviating this concern)]
Benefits
Although your child will receive no direct benefits, this research may help us understand [refer to purpose of study] better.
(please note: incentives are not a benefit and should not be included as such)

Incentives or fees
[Your child will be given, or paid, ______ for completing both interview sessions; if he/she withdraws before the end of the study, partial payment or your child will receive 1 hour of credit towards his/her course requirement for completing both surveys; if he/she withdraws before the end of the study, ______ will be given].

Confidentiality
Confidentiality of your child’s research records will be strictly maintained by [describing the specific ways to be used to protect subjects’ confidentiality (such as codes or keeping consent forms separate from data to make sure that the subject’s name and identity will not become known or linked with any information they have provided.).]

- This following statement is required to be in the parental permission -
[Your child’s responses will be kept confidential with the following exception: the researcher is required by law to report to the appropriate authorities, suspicion of harm to yourself, to children, or to others]

Your child’s responses will be kept confidential with the following exception: the researcher is required by law to report to the appropriate authorities, suspicion of harm to yourself, to children, or to others.

Your child’s responses will be kept confidential by the researcher, but the researcher cannot guarantee that other in the group will do the same.

Voluntary nature
Participation in this study is voluntary. Your child may refuse to participate or withdraw at any time without penalty. Your child also has the right to skip or not answer any questions he/she prefer not to answer.

If subjects are students, patients, clients, etc.
Nonparticipation or withdrawal…
Will not affect your child’s grades or academic standing or
Will not affect the services your child receives at [ name of agency, clinic, program, etc]
Will result in no loss of services to which your child was otherwise entitled.

Explanation & offer to answer questions
If there is anything about the study or your child’s participation that is unclear or that you do not understand, if you have questions or wish to report a research-
related problem, you may contact [investigator name] at [PI’s phone number, e-mail, University address] or the faculty sponsor [faculty sponsor name] at [faculty sponsor phone number, e-mail, University address].

Questions about subjects’ rights
For questions about your child’s rights as a research participant, you may contact the Binghamton University' Human Subjects Research Review Office, 607-777-3818 or hsrc@binghamton.edu

Copy of permission
You will receive a copy of this parental permission form to keep

Permission to Participate

______________________________________________
Name of Child

______________________________________________    ________
Parent’s Signature       Date

Signature __________________________________________

Relationship to subject ____________________________
[This line should not appear on forms that will be given to subjects consenting for themselves.]

Signature of Witness __________ Signature of Investigator ____________