

Informed Consent Form
Example 1: Minimal Risk - Parental /Guardian Permission

Our goal at the Sunshine Community Program (SCP) is for every child to have a successful and enjoyable experience that helps to prepare him or her for the future. To help us understand how well we are meeting this goal, we would like to interview the children who participate in our programs.

We want to ask all children enrolled in SCP about their experience in our programs, in school, and in related areas of their life. With your permission, we will ask your child to complete a questionnaire at three different times – when your child first enters the program, halfway through the school year, and at the end of the school year. It will take about 30 minutes to complete the questionnaire each time. The questionnaire is available for you to look at. (Please contact Jane Doe at 333-1111 if you would like to review it.)

In addition, we ask your permission to obtain copies of your child's school record, including report cards and scores on achievement tests, as well as your permission to ask your child's teacher to complete a questionnaire about your child's participation in the SCP programs. In addition to your permission, we will also ask your child to consent to participate in the study.

You are free to withdraw your permission for your child's participation at anytime for any reason. Your child's response to the questionnaire will be kept completely confidential. The staff of the SCP will never see the individual responses of any children participating in this study. Whether or not you give permission for your child to take part in the study will in no way affect your child's participation in SCP.

If you have any questions, please call Jane Doe at 555-1111, the research assistant in charge of this project, or you may call collect to Dr. John Smith at 217-333-2222.

I have read and understand the above, I voluntarily give permission for my child,
_____ to participate in this study, and I understand that I may keep a copy of this form.

Parent or Guardian Signature

Date

Informed Consent Form
Example 2: Minimal Risk - Youth

Our goal at the Sunshine Community Program (SCP) is for every child to have a successful and enjoyable experience that helps to prepare him or her for the future. To help us understand how well we are meeting this goal, we want to ask you some questions.

We want to know what you think about our programs, your school, and other areas of your life. We would like you to fill out a survey that will take about 30 minutes to do. You will be given the survey three different times throughout the school year.

You may be asked some personal questions in the survey; however, you do not need to answer any questions that you don't want to. If you agree to participate in our surveys, you can change your mind at any time. If you decide not to do our surveys, you can still participate in the SCP programs.

All your answers to the survey questions will be completely confidential. Your answers will be coded so your name will not be on the survey. No one here at the SCP will see your answers.

If you have any questions, please call Jane Doe at 555-1411, the research assistant in charge of this project, or you may call collect to Dr. John Smith at 666-2222.

I have read and understand the above information, and I voluntarily consent to participate in this project.

Student Signature

Date

Informed Consent Form
Example 3: Minimal Risk - Adult

We are seeking your participation in a research project involving a study of the burden borne by persons providing home care to victims of an immobilizing stroke. It is our understanding that you have provided the primary home care to a stroke victim, either a spouse, a parent, or a parent-in-law, for at least one year. This study will involve about forty persons who, like yourself, provide such care.

If you agree to participate, you will be interviewed about the care you provide to the stroke victim and about your feelings toward him or her. The interview will last about one hour. Your participation will not subject you to any physical risk or pain, but, because some of the interview questions are very personal, you may be subject to some stress or embarrassment. Your name will not be recorded on the interview sheets: an anonymous code will be used and your replies will be known to at most two persons, the interviewer and Dr. _____, the director of this study. You may be assured that any reports of this research will contain only data of an anonymous or statistical nature: your name, or the name of the stroke victim, will not be used.

The goal of this research is to determine what burdens, physical psychological, are borne by those who provide home care of immobilized stroke victims. It is hoped that stroke support groups and the medical community will be able to use our research to ease the burdens of persons such as yourself. We cannot promise that your participation in this study will be of any direct benefit to you. You may find some therapeutic value in discussing the problems you encounter in caring for the stroke victim. You will receive no monetary compensation for participating in this study.

We are planning a follow-up study to take place about one year from now and you may be asked, at that time, to agree to another interview. However, giving your permission to participate in the present study in no way obligates you to participate in the follow-up study.

Any questions you have regarding this research may be directed to the interviewer or Dr. _____ at _____. Information involving the conduct and review of research involving humans can be obtained from ACU's Office of Research and Sponsored Programs at _____.

Your signature below indicates that you agree to participate in this research and further indicates that:

You have read and understand the information written above.
You understand that participation is voluntary and that refusal to participate will not penalize you in any way; and
You understand that you are free to withdraw from participation at any time without penalty.

Participant

Date