

(Must be on department letterhead)

Parental Consent Form for Study Involving Only Minimal Risk

(Complete title of research project)

Introduction I, _____, have been asked to allow my child, _____, to participate in this study. _____, who is conducting this research to **(state why research is being done)** e.g. fulfill the requirements for a masters thesis in _____ **(subject)** at Southeastern Louisiana University, has explained the study to me.

Purpose of the Study The purpose is to learn more about _____.

Description of Procedures This study will be performed at _____. My child will be asked to **(state specific procedures)** e.g. complete a set of questionnaires and tests, which will take about two hours to complete. I have been given an opportunity to examine these _____. Approximately _____ participants will be in this study.

Risks and Discomforts There are no known or expected risks from participating in this study, except for mild frustration sometimes associated with performance of the _____ test.

Benefits I understand that this study is not expected to be of direct benefit to me, but the knowledge gained may be of benefit to others.

Contact Persons For more information about this research, I can contact X at xxx-xxxx or his/her supervisor, Dr. Y, at yyy-yyyy.

For information regarding my child's rights as a research participant, I may contact the Chair of the Institutional Review Board at (985) 549-2077.

Confidentiality I understand that any information obtained as a result of my child's participation in this research will be kept as confidential as legally possible. In any publications that result from this research, neither my name nor any information from which I might be identified will be published without my consent.

Voluntary Participation Participation in this study is voluntary. I understand that I may withdraw my child from this study at any time. Refusal to participate or withdrawal will involve no penalty or loss of benefits for me or my child. I have been given the opportunity to ask question about the research, and I have received answers concerning areas I did not understand. Upon signing this form, I will receive a copy.

I willingly consent to my child's participation in this study.

Signature of Parent or Guardian

Date

Signature of Investigator or Investigator's Representative

Date