

Student's Name: \_\_\_\_\_

Student's Date of Birth \_\_\_\_\_

## Summer Session Parental Consent Form

Dear Parent or Guardian:

The students and faculty of the Stanford University Psychology Department would like to invite participant to their studies. Researchers rely heavily on the support of the Stanford community for their experiments. We would like to invite our summer students to participate. The research that is performed within the department is approved by the Non-Medical Human Subjects Panel prior to any experimentation. The Human Subjects Coordinator and researchers in the department carefully monitor the participants' involvement. Furthermore, we ensure subjects' confidentiality, and participants are always informed that they may discontinue an experiment at any time.

### **Questionnaire**

One survey is done each quarter, the This Pre-selection Packet (worth an hour of extra credit) consists of questionnaires from different experimenters who are interested in identifying students with particular experiences, backgrounds, or attitudes for their research. Their identity will be confidential in completing this out; their name or student number will *not* appear on the survey, only their participant ID. After using these forms to identify a group of subjects, researchers may contact them individually to set up a time for them to participate in their experiment.

### **Summaries of studies**

Attached are brief summaries of studies taking place this summer. Please read each. Your signature below will indicate your acceptance to allow your son/daughter to participate in any of the listed experiments.

### **Risks and Benefits**

There are no risks associated with the following studies. The benefits will be that the participant will have the opportunity to contribute to research and learn more about it.

### **Time involvement**

Studies generally take between half an hour to an hour. Participants will be compensated for their time with extra credit that will go toward their summer courses. They will also be asked for consent for each study in which they choose to participate.

### **Subject's Rights**

If you have read this form and have decided to participate in this project, please understand that your participation is voluntary and you have the right to withdraw your consent or discontinue participation at any time without penalty. You have the right to refuse to answer particular questions. Your individual privacy will be maintained in all published and written data resulting from this study. If you have questions about your rights as a participant, or are dissatisfied at any time with any aspect of the studies, you may contact *anonymously*, if you wish the Human Subjects Office, Stanford University, Stanford, CA 94305-5401, or by phone (650) 723-2480.

**For further information on these studies and participating, contact [amfoster@stanford.edu](mailto:amfoster@stanford.edu).**

\_\_\_\_\_  
Name of Parent or Guardian (please print)

\_\_\_\_\_  
Signature of Parent or Guardian (please sign)

\_\_\_\_\_  
Today's Date