

PARENT/GUARDIAN PERMISSION FOR MINOR TO PARTICIPATE IN STUDY/PROJECT

[Insert study/project title]

[Insert names and degrees of Principal Investigator/Project Leads as appropriate], from the *[insert organizational affiliation]* are conducting a research study/project.

Your child was selected as a possible participant in this study/project because *[explain why the child is eligible to participate]*. Your child's participation in this research study/project is voluntary and they may stop or withdraw at any time.

Why is this study/project being done?

[Describe in a few sentences what the study/project is designed to assess or establish. Use language that will be easily understood by the participants. Avoid jargon and technical terms.]

What will happen if my child takes part in this research study/project?

If you agree to allow your child to participate in this study/project, we will ask them to:

- *[List and describe the procedures/tests/activities and their frequency chronologically using simple language, short sentences and short paragraphs.]*
- *[Use bullets or number the paragraphs as appropriate.]*
- *[Describe types of questions in questionnaires/surveys or interviews.]*
- *[Specify the location of study/project activities.]*
- *[If the study will include experimental or non-experimental procedures, please specify which procedures are experimental.]*

How long will my child be in the research study/project?

Participation will take a total of about *[specify time and duration]*.
[When appropriate, state that the study/project will involve long-term follow-up and specify time frames.]

Are there any potential risks or discomforts that my child can expect from this study/project?

- *[List and describe any reasonable foreseeable risks, discomforts, inconveniences, and how these will be managed.]*
- *[If there are significant psychological risks that might cause the researcher to end the participant's participation in the study/project, please describe them.]*
- *[If there are no anticipated risks or discomforts, please state, "There are no anticipated risks or discomforts."]*

Are there any potential benefits to my child if they participate?

Your child may benefit from the study/project ...*[Describe benefits to participants expected from the study/project. If the participants will not directly benefit from participation, please state, "Your child will not directly benefit from your participation in the study/project."]*

The results of the study/project may ...*[Describe the potential benefits to science or society expected from the study/project.]*

What other choices do I/my child have if my child does not participate?

IMPORTANT NOTE: *This section is required ONLY for research that includes treatment.*

IF RESEARCH INCLUDES TREATMENT: Please describe any appropriate alternative therapeutic, diagnostic, or preventive procedures that should be considered before the subjects decide whether or not to participate in the study. If applicable, explain why these procedures are being withheld. If there are no efficacious alternatives, state that an alternative is not to participate in the study.

Will my child be paid for participating? (optional section – use if appropriate)

- Your child will receive ... *[describe amount of payment and how and when payment will be received.]*

Will information about my child's participation be kept confidential?

Any information that is obtained in connection with this study/project and that can identify your child will remain confidential. It will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of ... *[describe coding procedures and plans to safeguard data, including where data will be kept, who will have access to it, etc.]*

What are my and my child's rights if they take part in this study/project?

- You can choose whether you want your child to be in this study/project, and you may withdraw your permission and discontinue your child's participation at any time.
- Whatever decision you make, there will be no penalty to you or your child, and no loss of benefits to which you or your child were otherwise entitled.
- Your child may refuse to answer any questions that they do not want to answer and remain in the study/project.

Who can I contact if I have questions about this study/project?

- **The research/project team:**
If you have any questions, comments, or concerns about the research/project, you can talk to the one of the researchers/project leads. Please contact: *[add the name]*

of the PI/project lead as appropriate] at [phone number(s)—add postal and/or email address if appropriate].

- **Office of the Institutional Review Board (IRB), Los Angeles County Dept. of Public Health:**

If you have questions about your child's rights as a research subject, or you have concerns or suggestions and you want to talk to someone other than the researchers/project leads, you may contact the DPH IRB by phone: 213-288-7680; or by email: irb@ph.lacounty.gov.

You will be given a copy of this information to keep for your records.

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Name of Child

Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date