

PARENT/GUARDIAN PERMISSION FORM FOR RESEARCH INVOLVING A MINOR
(SAMPLE -- Please model your permission form according to this format)

Your permission is being sought to have your child participate in this study. Please read the following information carefully before you decide whether or not to give your permission.

Identification of Project/Title (Please note: Title of application and title here should be the same.)

Researcher(s)

(Identify researcher(s) name(s) here)

Purpose

The purpose of this research is to...

Procedures

The procedures involve...

Confidentiality

All information collected in this study is confidential to the extent permitted by law. Your child's data will be grouped with data others provide for reporting and presentation and your child's name will not be used.

Risks

Participants may experience..., but the investigator(s) will mitigate these risks by...

Duration of Participation

Your child will only be asked to participate for (identify timeframe here).

Benefits, Freedom to Withdraw, and Ability to Ask Questions

The study is not designed to help you or your child personally but to help the investigator(s) learn more about (goal of research here). You or your child is free to ask questions or withdraw from participation at any time and without penalty.

Medical Care (Include this section only when appropriate for your project. When included, please do not modify the wording of this section.)

Indiana Tech does not provide any medical or hospitalization insurance for children in this research study nor will Indiana Tech provide any compensation for any injury sustained as a result of participation in this research study, except as required by law.

Contact Information of Investigators

Provide name, address, telephone number, and (if appropriate) e-mail address of principal investigator.

By signing this form, you give permission to allow your child to participate in the study. If you do not sign this form, the researchers will understand that you do not wish to allow your child to participate.

I, the parent or guardian of _____, a minor _____ years of age, permits his/her participation in the research named above.

Signature of Parent/Guardian

Date