This informed permission template provides an outline to follow when creating a permission document that complies with the new Federal regulations on Human Subjects Research and University policy. This permission template is intended for situations where the researchers are seeking permission from a minor’s parents to include their child in confidential research.

([Click here to view the consent checklist)](https://research.illinoisstate.edu/downloads/informed_consent_checklist.docx) The elements required in a permission form are similar to what is required in a consent form

The new rules require that permission forms include all information that a **“*reasonable person*”** would need to know before deciding whether or not they would like to participate. The language in the form must also be understandable to the target population. An 8th grade reading level is recommended for the general adult population. The IRB will be looking more closely at reading level under the new regulations. Key information will vary from study to study, so the template language should be modified accordingly.

**\*\*\*To be eligible for review the template cannot include this first informational page and all shaded text must be either replaced or deleted before submitting\*\*\***

You are being asked to allow your child to participate in a research study conducted by [Name and Title of Researcher(s) (The name of the Principal Investigator (PI) must also be listed here)] [Department and Institution]. The purpose of this study is to [Insert brief study description]. This study is funded by [Indicate sponsor if externally funded (delete this sentence otherwise)].

**Why is your child being asked to participate?**

Your child has been asked to participate because [Provide eligibility Criteria here (e.g. age or status), if applicable. Their participation in this study is voluntary. Neither you nor your child will be penalized if either of you choose to skip parts of the study, not participate, or withdraw from the study at any time. [If the research would occur during class time (or when they are receiving other services) indicate what their child would do) if they did not participate in this study (e.g. receive the same instructions but not include their data in the study, complete an alternate activity, or do homework.]

**What would your child do?**

If you choose to allow your child to participate in this study, [Describe what the participant is expected to do]. In total, your child’s involvement in this study will last approximately [Indicate how long the participant would typically be actively engaged in the study. If multiple sessions will occur, state how many sessions and the approximate duration of each session].

**Are any risks expected?**

[Describe any risk or discomforts that the participant may experience. If no specific risks are reasonably foreseeable, indicate “We do not anticipate any risks beyond those that would occur in everyday life”]. To reduce these risks, [Describe what will be done/provided to reduce and/or manage any risks/discomforts]. [If the research participants are students of a member of the research team select one of the following statements: While your child’s instructor may know who does or does not agree to participate in the research before grades are posted, your child will not be penalized if you choose not to allow them to participate. OR Your child’s instructor is unlikely to ever know who does or does not agree to participate until after final grades are posted.]

**Will your child’s information be protected?**

We will use all reasonable efforts to keep any provided personal information confidential. [Describe what will be done to keep their responses secure]. Information that may identify your child or potentially lead to reidentification [Choose one: may/will not] be released to individuals that are not on the research team. [Describe how the research may be disseminated and in what form the information will be disseminated].

However, when required by law or university policy, identifying information (including your signed permission form) may be seen or copied by authorized individuals.

[Include suggested mandated reporter text (below) if applicable](https://research.illinoisstate.edu/ethics/human/informed_consent/) (**Delete if not applicable**):

We need to make you aware that in certain research studies, it is our legal and ethical responsibility to report [Select any that may apply: situations of child abuse, child neglect, or any life-threatening situation and/or illegal activity on the ISU campus, campus-controlled locations, or involving ISU students] to appropriate authorities. However, we are not seeking this type of information in our study nor will you be asked questions about these issues.

**Could your child’s responses be used for other research?**

Select one of the following statements if identifiers are being collected

We will not use any identifiable information from your child in future research, but their deidentified information could be used for future research.

OR

Your child’s information will not be used or distributed for future use, even if identifiers are removed.

**Will you or your child receive anything for participating?**

**\*\*\***Delete this section if no compensation will be offered\*\*\*

By [Describe what they would need to do to be compensated], [Indicate who will be offered the compensation] will be offered [Indicate what they will be offered (e.g. extra credit, gift card, check, or food)].

[Insert incentive language here. Include what is needed to distribute/track the compensation as well (Consult the [Incentive Language for Use in Consent Forms table](https://research.illinoisstate.edu/downloads/Incentive%20Language%20Table.docx) to identify this language)].

The IRS may consider these payments to be taxable compensation. Participants may wish to consult their tax advisor for advice. Any participant has the opportunity to participate in the study without accepting the research incentive.

**Who will benefit from this study?**

[Describe how this research will benefit the participant and/or society or indicate that there are no direct benefits from this study].

**Whom do you contact if you have any questions?**

If you have any questions about the research or wish to withdraw your child from the study, contact [Researcher name and contact information (Contact information must also include the Principal Investigator unless there is a valid reason not to)].

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If you have any questions about your child’s rights as a participant, or if you feel that your child has been placed at risk, contact the Illinois State University Research Ethics & Compliance Office at (309) 438-5527 or [IRB@ilstu.edu](mailto:IRB@ilstu.edu).

**Documentation of Consent**

Sign below if you are 18 or older and willing to allow your child to participate in this study.

If a signed form is not being obtained, a description of what the participant would need to do to indicate permission should be described above and a method for them to indicate permission (i.e. typing in their name, checking a box, or clicking next) should replace the signature line below. A waiver of documentation of informed permission should also be requested if a physical signature is not being obtained.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If recordings will be collected **and** they are optional, include the text and signature line below. Otherwise, the text below and the additional signature line should be deleted.

Your signature below indicates that you grant permission to have your child recorded.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If obtaining consent in-person, provide a copy of the consent form to the participant. Or, if obtaining consent electronically then include the following statement:

You can print this form for your records.