**Title of Project:**

**Sponsor:**

**Purpose of the Project, Research, or Grant**

*Provide a brief overview of the project, including why the minor has been selected for participation. For example:*

- You are being asked to give permission for your child to take part in a research study comparing…
- The purpose of this research study is to learn how to...
- Your child has been chosen because...

**Procedures:**

*Explain what the minor will be asked to do, how long the procedures will take, and where the research or grant activities will take place. For example:*

- If you give permission for your child to take part in this research study, your child will be…
- Your child will be asked to...
- It will take about ___ minutes to complete ____.

**Risks and/or Discomforts:**

*Inform the parent/guardian of any risks or discomforts that may result from being a participant in this research. Also inform them of treatments or help that will be available if adverse reactions occur. You should also note that the parents will be informed of any new findings that may influence the decision to allow the minor to remain in the study. For example:*

- There are no known risks or discomforts
- Mild discomfort may result from…
- Answer the questions may cause your child to think about…
- You will be informed of any new findings that may affect your decision to allow your child to remain in the study.

**Benefits:**

*Describe the benefits to the minor or others that may be expected as a result of this research or project. If there are no anticipated benefits, state that fact. For example,*

- Your child’s help with this study may benefit other…
- There is no promise that you or your child will receive any benefits from participation in this study

**Confidentiality:**
Explain how confidentiality will be maintained, who will have access to the data, how the data will be reported, and how or where the data may be published. If confidentiality will not be maintained, this must be explained to the parent or guardian. For example,

- All records will be kept private and will not be released without your consent except as required by law.
- Only the researcher will have access to your child’s information. Data will be reported as grouped information to ….
- Both yours and your child’s identity will be kept confidential.
- The data will be stored in a locked file cabinet or a password protected computer file on a secure computer.
- Your child’s signed consent/assent form, as well as this parental permission form will be stored in a cabinet separate from the data.
- The audio tape will be transcribed without any information that could identify your child. The tape will then be erased.
- Data from this study will be seen by members of the research team…

Example: * You will receive ... for each visit to help cover your travel expenses.

Compensation:
If there will be any compensation for participation, explain here. This would include gifts, financial compensation, or extra credit for classes. If there is no compensation, note that no compensation will be provided for participation. For example,

- You will be given ___ for each visit to help you cover your travel expenses.

Consent, Right to Withdraw
Explain to parent/guardian that they have the right to withdraw their child from the research at any time without influencing their relationship with the researchers, Salish Kootenai College, or other participating agencies. Explain that participation is voluntary. For example,

- Your decision to allow your child to take part in this research study is entirely voluntary.
- You may refuse to allow your child to take part in this study or withdraw your child from the study at any time without penalty or loss of benefits to which you or your child are normally entitled.
- Your child may be asked to leave the study if….
- If you decide to withdraw your child, you should…

Include the following:
This consent form may contain words that are new to you. If you read any words that are not clear to you, please ask the person who gave you this form to explain them to you. You may wish to discuss this with others before you agree to allow your child to take part in this study. If you have any questions about the research now or during the study, contact the individual(s) listed below.
If you have any questions about your child’s rights as a research participant, you may contact the chair of the Salish Kootenai College Institutional Review Board through the Office of Institutional Research, (406) 275-4976.

Statement of Consent:
I have read the above description of this research study. I have been informed of the risks and benefits involved, and all my questions have been answered to my satisfaction. Furthermore, I have been assured that a member of the research team will also answer any future questions I may have. I voluntarily agree to have my child take part in this study.

(Optional: If the participant will be audiotaped or videotaped, add a checkbox for consent to be audio/videotaped here.)

________________________
Printed (Typed) Name of Subject

________________________
Signature of Parent or legally Authorized Representative

Date_____________

Include Name, Title, and contact information for the investigator here.