



## Informed Consent for Participation of a MINOR in a Research Study

Principal Investigator(s):

Study Title:

Name of participant: \_\_\_\_\_ Age: \_\_\_\_\_

1. The following information is provided to inform you about the research project/study and your child's participation in it. Please read this form carefully, ask any questions you or your child may have about this study and the information given below, and be sure you receive answers to your questions before signing this consent form (a copy of which will be given to you).

2. Purpose of this study:

The purpose of the study is

Your child are being asked to participate in a research study because

3. The approximate duration of your child's participation in the study:

4. Procedures to be followed for this study:

Participant's initials: \_\_\_\_\_

IRB approval number:  
Approval date:

5. Experimental procedure(s) involved in the study (if any):
6. Description of the discomforts, inconveniences, and/or risks that can be reasonably expected as a result of your child's participation in this study:
7. Good effects or benefits that might result from this study:
- a. The benefits to science and humankind that *might* result from this study:
  - b. The benefits your child might get from being in this study (including compensation, if any):
8. Alternative procedures or courses of treatments, if any, that might be available:
9. Privacy and Confidentiality: All efforts, within reason, will be made to keep your child's personal information in your child's research record confidential. Your child's information may be shared with the Samford University Institutional Review Board or the Office for Human Research Protections (Federal Government). Your child's information will only be used for monitoring purposes.

10. In case of study-related injury: If this study involves more than minimal risk to your child, the following compensation and/or medical treatments are available if injury occurs:

11. Contact information: If you or your child have any questions about this research study, your rights, or if your child experiences a study related injury, please contact:

at

or if principal researcher is a student, Faculty Advisor for this study:

at

If you have additional questions or concerns that are not answered by the above person(s), feel free to contact the Samford University Institutional Review Board Chair:

Dr. Rachel Bailey  
205-726-4509  
rcasiday@samford.edu

12. Your child's participation in this research study is **voluntary**. You are **free to withdraw** your child from this study at any time without penalty. Your child is also **free to withdraw** from this study with no penalty. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness for your child to participate in it, you will be notified so that you and your child can make an informed decision whether or not to continue participation in this study.

Circumstances under which the Principal Investigator may withdraw you from study participation:

**STATEMENT BY PERSON CONSENTING TO ALLOW THE MINOR'S PARTICIPATION IN THIS STUDY:**

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to consent to my child's participation in this study. I have received a copy of this consent form.

\_\_\_\_\_  
Printed name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**MINOR'S ASSENT TO PARTICIPATE IN THIS STUDY**

*(For ages 7-19: Minor should read or have the following read to him/her before signing.)*

You are invited to participate in this study on: **(title of study)**.

If you decide to participate, you will: **(briefly describe what child will do)**.

Your participation in this study is voluntary, and you may stop at any time without any penalty. If we use these results in any articles or presentations, we will not use your real name so your identity will be protected. Please read this information and decide whether or not you want to participate in our study. Thank you so much for your help!

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

**Consent obtained by:**

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Participant's initials: \_\_\_\_\_

IRB approval number:  
Approval date: