**BROWN UNIVERSITY**

**PARENT PERMISSION**

[Use the *Parent Permission Template* with the *Child Assent Template (7-12)* and/or *Child Assent Template (13-17)*. Areas shaded gray should be completed as appropriate for your study. Remove the gray shaded instructions and brackets in your final version.]

[Study Title]

[Version #, Date]

Your child is invited to take part in a Brown University [and <List the name(s) of any other institutions or organizations engaged in the research>] research study. Their participation is voluntary.

* RESEARCHER: [List names and contact information of principal investigator, contact person(s) for participants, advisor(s) for student research only.]
* STUDY SPONSOR: This study is supported by … [List names of any external or private organization, institution, or individual providing funding for the study. If not externally funded, list Brown University and your department.]
* PURPOSE: The study is about … [State the purpose(s) of the research.] Your child is being asked to be in this study because … [State the age of the child participants to be involved and any relevant eligibility criteria.]
* PROCEDURES: Your child will be asked to … [Describe the tasks/procedures involved in the study].

Describe any questionnaires, surveys, and interviews with examples of the most personal and sensitive questions child participants will be asked. State that child participants may refuse to answer or skip any question asked of them.

*If applicable*: State whether clinically-relevant results, including individual research results, will be returned to parents and/or the child, and if so, under what conditions.

*If applicable:* With your permission and with your child’s assent <insert procedure that will be recorded/photographed> will be <choose applicable recording type: audio recorded, video recorded, photographed>. This <insert recording type> is optional. You can indicate your preference below whether you give the researcher permission to <insert recording type> below. You can also ask that the <insert recording type> be stopped at any time.

OR

<Insert procedure that will be recorded/photographed> will be <choose applicable recording type: audio recorded, video recorded, photographed>. This <insert recording type> is not optional. If you do not wish for your child to be <insert recording type>, they will not be able to enroll in the study.

[*If applicable:* Describe any reimbursement for parent or child participant expenses due to study enrollment (i.e. transportation, childcare, meals).]

* TIME INVOLVED: The study will take [state the total minutes, hours, days, etc.] of your child’s time.
* COMPENSATION: Your child [Choose one: will OR will not] receive [state the total] compensation for their time. [If you will use electronic gift cards as compensation, include that gift cards will be emailed to the parent’s email address if the child participant is under 13 or if their 13+ year old child does not have their own email address.]
* RISKS: [All studies have risk (physical, psychological, social, legal, financial, etc.) Do not state that there are no risks or that risks “should be” minimal. State the reasonably foreseeable risks to the child from participation. Describe any side effects, stress, discomforts, breach of confidentiality, or the invasion of privacy that might result from each procedure. Assess each risk’s likelihood and seriousness.

*If applicable:* Include a statement that the study’s research activities may involve risks that are currently unforeseeable.

Risks that are obvious to the study population due to the subject matter or their condition do not need to be included (i.e., children may potentially become bored or restless while answering long questionnaires).

Describe the procedures for protecting against or minimizing any potential risks. State whom parents should contact in the event their child possibly experiences a study-related injury, illness, or distress.

State that the procedures can be stopped at any time and whether this will impact whether the child can continue in the study.]

* BENEFITS: [*If appropriate, include*]: Your child may not directly benefit from being in this research study. [Provide a description, if there are direct benefits to the participant. Compensation and/or reimbursement are not study benefits and should not be mentioned in this section.]
* CONFIDENTIALITY: [State whether data will be identifiable (identifiers collected), coded (identifiers collected, and linked to data by code or pseudonym) or anonymous (no identifiers collected). Describe how the research data will be protected.]

In this study we will be <audio, video, and/or photo> recording <list whatever task applies>. We will use <state method of recording – e.g., notebook, computer files, digital record, smartphone>. We will keep this information confidential. We will store it for <state duration of storage>. At the end of that we will destroy the recordings [if applicable].

[*For all studies with anonymous data*: State if study data will be kept indefinitely by the research team, shared with a data repository, shared with other researchers/institutions, or used in presentations/publications.]

* *If anonymous data will be shared with a data repository for future research*:
  + Refer to the HRPP “[Sharing with Data Repositories](https://www.brown.edu/research/guidance-and-faqs-sharing-information-data-repositories)” for guidance
  + Complete the “[Data Repository Parent](https://www.brown.edu/research/forms-and-templates) Permission”

[*For all studies* *with identifiable and/or coded data in which links between child participant identities and data will be collected*: State if study data will be shared with a data repository, shared with other researchers/institutions, or used in presentations/publications.]

* *Include*: Brown University staff sometimes review studies like this one to make sure they are being done safely and correctly. If a review of this study takes place, your child’s records may be examined. The reviewers will protect your child’s confidentiality.
* *If applicable*: List the state, federal, regulatory, or funding agencies that will have access to identifiable data.
* *If the study is subject to the NIH Policy for Data Management and Sharing, you may be required to ask participants to share their data with a data repository for future research*:
  + Refer to the Office of Research Integrity’s “[NIH Policy for Data Management and Sharing](https://www.brown.edu/research/conducting-research-brown/nih-policy-data-management-and-sharing)” for guidance
  + Refer to the HRPP “[Sharing with Data Repositories](https://www.brown.edu/research/guidance-and-faqs-sharing-information-data-repositories)” for guidance
  + Complete the “NIH [Data Repository Parent](https://www.brown.edu/research/forms-and-templates) Permission”
* *If you will remove identifiers from identifiable and/or coded data:* Describe arrangements for destroying identifiable data after the identifiers are no longer needed.
* Once anonymized, state that the data may be used by you for future research and/or shared with other investigators for the other investigators’ future research.

OR

* Once anonymized, state that the data will not be used by you for future research and/or shared with other investigators for the other investigators’ future research.]

*If collecting biospecimens:* State if the biospecimens may be used for commercial profit and if the child will share in that profit.

*If you will apply for a Certificate of Confidentiality or if the study is NIH-funded, a* Certificate of Confidentiality *is automatically applied to the research*: Refer to the HRPP “[Certificates of Confidentiality (CoCs)](https://www.brown.edu/research/certificates-confidentiality-cocs)” for further guidance.

*If the study meets the definition of a* [*clinical trial*](https://www.brown.edu/research/clinical-trials)*:* Refer to the HRPP“Additional [Parent](https://www.brown.edu/research/conducting-research-brown/research-compliance-irb-iacuc-coi-export-control/irb/forms-and-policies#Consents) Permission” for further guidance.

* VOLUNTARY: Your child does not have to be in this study if you do not want them to, or your child decides they do not want to participate. Even if you or your child decides your child can enroll in this study, you or your child can change your minds and stop at any time by contacting the research team (see below: “Who can my child or I talk to if we have questions about this study?”).

If your child refuses to participate in or leaves the study, your child’s current or future relationship with Brown University [or any other name of organization, Dr., if applicable] or [academic standing, job status, reputation, etc., if applicable] will not be affected.

[Include the anticipated circumstances under which you may end the child participant’s enrollment without the child’s assent or the parent’s permission.]

* CONTACT INFORMATION: If you have any questions about your child’s participation in this study, you can call [(name) at (phone #) or email [XXX@brown.edu](mailto:XXX@brown.edu).

[*If conducting student research,* ***add****:* You can also contact my advisor (name) at (phone # or email).

[*If conducting international student research,* ***add****:* You can also contact my local contact (name) at (phone # or email).]

* YOUR CHILD’S RIGHTS: If you have questions about your child’s rights as a research participant, you can contact Brown University’s Human Research Protection Program at 401-863-3050 or email them at [IRB@brown.edu](mailto:IRB@brown.edu).
* PERMISSION TO PARTICIPATE: [Use the permission process below that is most appropriate for the study: Signed permission, Online permission, or Phone/Verbal permission.]

**[Signed permission]** Your signature below shows that you have read and understood the information in this document, you are the child’s parent or legal guardian, and that you give permission for your child to volunteer as a research participant for this research study.

You acknowledge that even if you have granted permission for your child to enroll in this research study, if your child declines enrollment, resists participation, or chooses to withdraw, their decision prevails.

You will be offered a copy of this form.

Parent/Legal Guardian's Signature and Date / PRINTED NAME

Child’s Name

**[Online permission]** Clicking the link below confirms that you have read and understood the information in this document, you are the child’s parent or legal guardian, and that you give permission for your child to volunteer as a research participant for this research study.

You acknowledge that even if you have granted permission for your child to enroll in this research study, if your child declines enrollment, resists participation, or chooses to withdraw, their decision prevails.

You can print a copy of this form.

<include URL>

**[Phone/Verbal permission]** Do you understand the information in this document? Are you the child’s parent or legal guardian? Do you give permission for your child to volunteer as a research participant for this research study?

Would you like a copy of this form?

[If applicable and these activities are optional:]

Indicate Yes or No [any blank responses must be interpreted as permission NOT given]:

I give permission for my child to be audio recorded during this study:  Yes  No

I give permission for my child to be video recorded during this study:  Yes  No

I give permission for my child to be photographed during this study:  Yes  No