

**(All research types involving children)**  
**INFORMED CONSENT**  
**Parent/Legal Guardian**  
(TITLE of STUDY)

Your child is invited to participate in a research study which will involve (STUDY DESCRIPTION). My name is (YOUR NAME), and I am a (YOUR ROLE) at Humboldt State University (SCHOOL OR DEPARTMENT). The purpose of this research is to (PURPOSE).

Your child was selected as a possible participant in this study because of (REASONS FOR SELECTION). If you decide to allow your child to participate, he or she will be asked to (PROCEDURES). His or her participation in this study will last (DURATION).

There are (SOME or NO) possible risks involved for your child. These are (RISKS). There are (SOME or NO) benefits to this research, particularly (BENEFITS).

Your child's participation in this project is entirely voluntary. Even after you agree to allow your child to participate, you may decide to stop their participation in the study at any time without penalty or loss of benefits to which he or she may otherwise be entitled. (IF APPLICABLE, describe withdrawal procedures and whether data can be removed or not once collected.) (INCENTIVES: If you are offering an incentive, such as gift cards, explain what the incentive is and the stipulation for receiving the incentive.)

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission. Measures to ensure your child's confidentiality are (CONFIDENTIALITY PROTECTIONS).

The data obtained will be maintained in a safe, locked location and will be destroyed after a period of (TIME FRAME) years after the study is completed. This consent form will be maintained (IF PAPER FORMS, in a safe, locked location) and will be destroyed after a period of (THREE YEARS MINIMUM) years after the study is completed.

If you have any questions about the research at any time, please call or email me at (YOUR CONTACT INFO), (or (ADVISOR NAME AND CONTACT INFO)). If you have any concerns with this study or questions about your rights as a participant, contact the Institutional Review Board for the Protection of Human Subjects at [irb@humboldt.edu](mailto:irb@humboldt.edu) or (707) 826-5165.

Your signature below indicates that you have read and understand the information provided above, that you willingly agree to your child's participation, and that you may withdraw your consent at any time and discontinue your child's participation at any time without penalty or loss of benefits to which he or she is otherwise entitled.

Signature

Date

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