

PARENTAL CONSENT FORM TEMPLATE FOR THE PARTICIPATION OF MINORS

The following template is to be used in conjunction with the consent form template when parental consent is required for the participation of minors.

CONSENT FORM Title of Study

Your (son/daughter/child/infant/adolescent youth) is invited to participate in a study of (describe the study). My name is _____ and I am a _____ at The University of South Carolina, Department of _____. This study is (state how study relates to your program of work or your supervisor's program of work). I am asking for permission to include your (son/daughter/child/infant/adolescent youth) in this study because _____. I expect to have (number) participants in the study.

If you allow your child to participate, (state who will actually conduct the research) will (describe the procedures to be followed.)

Any information that is obtained in connection with this study and that can be identified with your (son/daughter/child/infant/adolescent youth) will remain confidential and will be disclosed only with your permission. His or her responses will not be linked to his or her name or your name in any written or verbal report of this research project.

Your decision to allow your (son/daughter/child/infant/adolescent youth) to participate will not affect your or his or her present or future relationship with The University of South Carolina or (include the name of any other institution connected with this project). If you have any questions about the study, please ask me. If you have any questions later, call me at xxx-yyyy. If you have any questions or concerns about your (son/daughter/child/infant/adolescent youth)'s participation in this study, call Thomas Coggins, Director of the Office of Research Compliance, at (803) 777-7095.

You may keep a copy of this consent form.

You are making a decision about allowing your (son/daughter/child/infant/adolescent youth) to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow him or her to participate in the study. If you later decide that you wish to withdraw your permission for your (son/daughter/child/infant/adolescent youth) to participate in the study, simply tell me. You may discontinue his or her participation at any time.

Printed Name of (son/daughter/child/infant/adolescent youth)

Signature of Parent(s) or Legal Guardian

Date

Signature of Investigator

Date