**When do I use this Consent Form template?**

* Use this template when conducting **research requiring** **parent(s) or legally authorized representative(s) to consent on behalf of a minor participant**. In some cases, a completed Assent Form will also be required.
* This template will help you communicate information about your research to potential participants. Research is always a relationship between an investigator and participants. Informed Consent is a key element of this relationship.

**How do I complete this Consent Form template**?

* All text in **Green** are instructions and must be deleted before using this form.
* Do not alter any template text, or any elements in the footer.
* All spaces in **[Brackets]** must be completed or revised by the Researcher. Refer to Guidance – Instructions for Completing a Consent Form for more advice about drafting appropriate language and formatting for a Consent Form.
* Completing the box on the first page is an important ethical and regulatory requirement for this template. Consider key, summary information about your research.
* Contact the IRB Office for Consent Form development and health literacy consultation.
* Delete this Instructions page before submitting your Consent Form for review.



**Research Study Consent Form**

[Insert Project Title, exactly as presented in IRB Application]

***Note: “You” in this form refers to the minor participant. If an activity or requirement refers to the parent or guardian consenting on behalf of the minor, this will be clearly indicated.***

Before reading this consent form, please know:

* Your decision to participate is your choice
* You will have time to think about the study
* You will be able to withdraw from this study at any time
* You are free to ask questions about the study at any time

After reading this consent form, we hope that you will know:

* Why we are conducting this study
* What you will be required to do
* What are the possible risks and benefits of the study
* What alternatives are available, if the study involves treatment or therapy
* What to do if you have questions or concerns during the study

*Basic information about this study*:

* We are interested in learning about [include very short statement about purpose of the study]
* You will [include very short statement of what participants will be required to do]
* Risks of participation include [include a very short list of potential risks]



**Research Study Consent Form**

**[**Insert Project Title, exactly as presented in IRB Application**]**

You are asked to participate in a research study being conducted by [provide name of researcher] [under the guidance of [provide name of faculty supervisor]]at Lindenwood University. Being in a research study is voluntary, and you are free to stop at any time. Before you choose to participate, you are free to discuss this research study with family, friends, or a physician. Do not feel like you must join this study until all of your questions or concerns are answered. If you decide to participate, you will be asked to sign this form.

**Why is this research being conducted?**

We are doing this study to [provide a brief description of the purpose of the study]. We will be asking about [insert number of participants] other people to answer these questions.

**What am I being asked to do?**

[Provide a description of everything participants will be required to do during the study. This information should be presented in chronological order. If there are multiple visits, these requirements should be presented by visit. When necessary, distinguish between what the research team will do, and what the participant will do.]

**How long will I be in this study?**

[Indicate how long total study participation will last.]

**Who is supporting this study?** **[Include if your study is funded by a grant or funding agency]**

[List all sources of support by name. If any members of the research team have a financial conflict of interest, the conflict must be disclosed in this section as per language negotiated with the LU IRB.]

**What are the risks of this study?**

* Privacy and Confidentiality **[Pick only the following which apply to your study.]**:

**[Include if the study is not collecting identifiable data]**

We will not be collecting any information that will identify you.

**[Include if the study is collecting identifiable data which will be coded]**

We will be collecting data that could identify you, but each survey response will receive a code so that we will not know who answered each survey. The code connecting you and your data will be destroyed as soon as possible.

**[Include if the study is collecting identifiable data]**

We are collecting data that could identify you, such as [include description any data which meets LU definition of identifiable data]. Every effort will be made to keep your information secure. Only members of the research team will be able to see any data that may identify you.

**[Include if the study is collecting data online]**

We will be collecting data from you using the internet. We take every reasonable effort to maintain security. [Include information on any specific data security protocols.] It is always possible that information during this research study may be captured and used by others not associated with this study.

**[Include if the study requires use of text messaging]**

We will be collecting data through text messaging during this study. Text messages are not encrypted or secure during their transmission, and could be intercepted.

**What are the benefits of this study?**

**[Include if there is no direct benefit]**

You will receive no direct benefits for completing this survey. We hope what we learn may benefit other people in the future.

**[Include if there is a direct benefit]**

You may benefit from this study. These potential benefits are [describe potential benefits of the study].

**Will I receive any compensation? [Include if you are compensating participants with money, gift cards, or a similar item]**

To thank you for taking part in our study, we will send you [Describe method and amount of compensation] after you take the survey.

**What if I do not choose to participate in this research?**

It is always your choice to participate in this study. You may withdraw at any time. You may choose not to answer any questions or perform tasks that make you uncomfortable. If you decide to withdraw, you will not receive any penalty or loss of benefits. If you would like to withdraw from a study, please use the contact information found at the end of this form.

**What if I am injured during this research? [Include only if a study is greater than minimal risk]**

If you think you have been injured as a result of taking part in this research study, tell the person in charge of the research study as soon as possible. Please use the contact information at the end of this form.

Decisions to pay you or give you other compensation for the injury will be made by Lindenwood University. You do not give up your legal rights by signing this form.

**What if new information becomes available about the study?**

During the course of this study, we may find information that could be important to you and your decision to participate in this research. We will notify you as soon as possible if such information becomes available.

**How will you keep my information private?**

We will do everything we can to protect your privacy. We do not intend to include information that could identify you in any publication or presentation. Any information we collect will be stored by the researcher in a secure location. The only people who will be able to see your data are: members of the research team, qualified staff of Lindenwood University, representatives of state or federal agencies.

**[Include if students may observe research for a course requirement]**

Your study participation in this study may be observed by a student enrolled in a course taught by the faculty supervisor, [name of faculty member]. Please let us know if you are willing to be observed by checking one of the boxes below:

---- It is okay if others observe my participation

---- It is not okay if others observe my participation

**How can I withdraw from this study?**

Notify the research team immediately if you would like to withdraw from this research study.

**Who can I contact with questions or concerns?**

If you have any questions about your rights as a participant in this research or concerns about the study, or if you feel under any pressure to enroll or to continue to participate in this study, you may contact the Lindenwood University Institutional Review Board at (636) 949-4155 or irb@lindenwood.edu. You can contact the researcher, [Insert Researcher Name] directly at [Insert Researcher Phone Number] or [Insert Researcher Email]. You may also contact [Insert Faculty Advisor name and email, if applicable].

I have read this consent form and have been given the opportunity to ask questions. I will also be given a copy of this consent form for my records. I consent to my participation in the research described above.

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**Parent or Legally Authorized Representative's Date**

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent or Legally Authorized Representative's**

**Printed Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Principal Investigator or Designee Date**

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**Investigator or Designee Printed Name**