# ORI Logo

# Institutional Review BOard

# Parental CONSENT FORm

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| **PARENTAL CONSENT PROCEDURES** |
| * ***Use of this template is optional.*** However, by federal regulations ([45 **CFR** 46.116](https://www.hhs.gov/ohrp/regulations-and-policy/guidance/faq/informed-consent/index.html#:~:text=The%20HHS%20regulations%20require%20that,been%20waived%20by%20an%20IRB.)), all consent documentation must address each of the required elements listed below (purpose, procedures, duration, benefits, risks, alternative procedures, confidentiality, whom to contact in case of injury, and a statement that participation is voluntary). * This document must be completed by the Principal Investigator and signed by the parent or guardian of each potential research participant. * Signed copies of the long form consent should be provided to a parent or guardian of every participant.   Last Edited August 13th, 2021 |

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| Today’s date: | | | | |
| Project INformation | | | | |
| Project Title: | | | | |
| Protocol Number: | | | | |
| Principal Investigator: | Phone: | | | Email: |
| College: Choose an item. | | School and Program: | | |
| RESEARCH DESCRIPTION | | | | |
| 1. **Purpose**:  [Describe purpose of the investigation, why it is being performed and what use may be made of the results.]  2. **Description of Study:**  [Describe the experimental procedure(s), including duration, amount of time required of the participants, number of participants, restrictions on normal activities, invasive techniques, etc.]  3. **Benefits:**  [Describe any benefits that may occur to the participant or to others as a result of participation in the study, including all benefits or payments. If the potential for medical injury exists, identify treatment procedures or the absence thereof.]  4. **Risks:**  [Describe any known physical, psychological, social, or financial research-related risks, inconveniences, or side effects (expected and potential) and indicate what measures will be taken to minimize them. If the potential for medical injury exists, identify treatment procedures or the absence thereof.]  5. **Confidentiality:**  [Describe confidentiality procedures. Detail the extent, if any, to which confidentiality of records identifying the participant will be protected.]  6. **Alternative Procedures:**  [Describe alternatives to participation that will be presented to participants in the study (generally another accepted course of therapy or diagnostic procedure, etc.).]  7. **Participant’s Assurance:**  This project has been reviewed by the Institutional Review Board, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board, The University of Southern Mississippi, 118 College Drive #5125, Hattiesburg, MS 39406-0001, 601-266-5997.  Any questions about this research project should be directed to the Principal Investigator using the contact information provided above. | | | | |
| Parental Consent INFORMATION | | | | |
| Participant's Name: | | | Participant's Age: | |
| Parent or Guardian's Name: | | | | |
| Person Soliciting Parental Consent: | | | | |
| Agreement to Allow PARTICIPATion IN RESEARCH | | | | |
| I hereby consent to participate in this research project. All research procedures and their purpose were explained to me, and I had the opportunity to ask questions about both the procedures and their purpose. I received information about all expected benefits, risks, inconveniences, or discomforts, and I had the opportunity to ask questions about them. I understand my participation in the project is completely voluntary and that I may withdraw from the project at any time without penalty, prejudice, or loss of benefits. I understand the extent to which my personal information will be kept confidential. As the research proceeds, I understand that any new information that emerges and that might be relevant to my willingness to continue my participation will be provided to me.  ***(Include the following information only if applicable. Otherwise delete this entire paragraph before submitting for IRB approval:)*** The University of Southern Mississippi has no mechanism to provide compensation for participants who may incur injuries as a result of participation in research projects. However, efforts will be made to make available the facilities and professional skills at the University. Participants may incur charges as a result of treatment related to research injuries. Information regarding treatment or the absence of treatment has been given above.    **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Parent or Guardian of Research Participant Person Explaining the Study**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date Date** | | | | |