**CONSENT TO PARTICIPATE IN RESEARCH (CHILDREN)\***

\*human subjects under 18 years of age

**Parent Consent Form**

*TITLE ‘PI to insert title of Protocol’*

* **PURPOSE OF THE STUDY**

*Please describe purpose of study*

* **DURATION AND LOCATION**

*Add duration location*

* **PROCEDURE**

*Add detailed description of procedure*

* **POTENTIAL RISKS AND DISCOMFORTS**

*Add detailed description of potential risks and discomforts*

* **ANTICIPATED BENEFITS TO SUBJECTS**

You or your child will receive no direct benefit from their participation in this study, but their participation may help advance the researchers understanding of the science

*NOTE: PI may add additional benefits in this section.*

* **ALTERNATIVES TO PARTICIPATION**

You have the right to refuse permission for your child to participate in this study. You may also choose to withdraw your child at any time from the study.

* **MEDICAL CARE FOR RESEARCH RELATED INJURY**

In the event of an injury resulting from the research procedures, no form of compensation (i.e., payment) is available from the University of North Alabama. Medical treatment may be provided at your own expense; or at the expense of your health care insurer (e.g., Medicare, Medicaid, BC/BS), which may or may not provide coverage. If you have questions, you should contact your insurer.

* **CONFIDENTIALITY**

When the results of the research are published or discussed in conferences, no information will be included that would reveal your child’s identity. If photographs, videos, or audio-tape recordings of your child will be used for educational purposes, their identity will be protected or disguised.

Your child’s information will be kept confidential and secure in a password protected or data encrypted file on UNA’s servers. Information will be stored for three years and then destroyed.

* **PARTICIPATION AND WITHDRAWAL**

Participation in this research is voluntary. If you do not allow your child to participate, that will not affect your relationship with University School of Nashville or with Belmont University. If you allow your child to participate, you are free to withdraw your consent and discontinue their participation at any time without prejudice.

* **WITHDRAWAL OF PARTICIPATION BY THE INVESTIGATOR**

The investigator may withdraw your child from participating in this research if circumstances arise which warrant doing so. If your child experiences any of the following side effects (back pain or neck pain) or if they become ill during the research, they may have to drop out, even if they would like to continue. The investigator will make the decision and let your child know if it is not possible for them to continue. The decision may be made either to protect your health and safety, or because it is part of the research plan that people who develop certain conditions may not continue to participate.

* **NEW FINDINGS**

During the course of the study, you will be informed of any significant new findings (either good or bad), such as changes in the risks or benefits resulting from participation in the research or new alternatives to participation, that might cause you to change your mind about continuing in the study. If new information is provided to you, your consent to continue participating in this study will be re-obtained.

* **IDENTIFICATION OF INVESTIGATORS**

In the event of a research related injury or if your child experiences an adverse reaction, please immediately contact one of the investigators listed below. If you have any questions about the research, please feel free to contact Director, Office of Sponsored Programs, PH: 256-765-4523

* **RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue your child’s participation without penalty. You are not waiving any legal claims, rights or remedies because of your child’s participation in this research study. If you have questions regarding your child’s rights as a research subject, you may contact Director, Office of Sponsored Programs, PH: 256-765-4523

* **OFFER TO ANSWER QUESTIONS**

If you have any questions about this study, please contact Director, Office of Sponsored Programs, PH: 256-765-4523

If a research related injury occurs, please contact Director, Office of Sponsored Programs, PH: 256-765-4523

* **SIGNATURE OF PARENT OF RESEARCH SUBJECT**

*I have read the information provided above. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. I have been given a copy of this form.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of Parent Name of Child*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Parent Date*

*Address*

***SIGNATURE OF WITNESS***

*My signature as witness certifies that the subject signed this consent form in my presence as his/her voluntary act and deed.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Name of Witness*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Witness Date (same as subject’s)*

***SIGNATURE OF INVESTIGATOR***

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of Investigator Date (same as subject's)*