

Texas Christian University

Fort Worth, Texas

**PARENT’S PERMISSION TO PARTICIPATE IN RESEARCH**

**Title of Research:**

**Funding Agency/Sponsor:**

**Study Investigators:**

**What is the purpose of the research?**.

**How many children will take part in this study?**

**What is my and my child’s involvement for taking part in this study?**

**For how long is my child expected to be in this study, and how much of my child’s time is required?**

**What are the risks of taking part in this study and how will they be minimized?**

**What are the benefits for taking part in the study?**

**Will I be compensated for taking part in the study?**

**What is an alternate procedure(s) that I can choose instead of having my child take part in this study?**

**How will my child’s confidentiality be protected?**

**Is my child’s participation voluntary?**

**Can my child stop taking part in this research?**

**What are the procedures for withdrawal?**

**Will I be given a copy of the permission document to keep?**

**Who should I contact if I have questions regarding the study?**

**Who should I contact if I have concerns regarding my child’s rights as a study participant?**

Dr. Cathleen Cox, Chair, TCU Institutional Review Board, Phone 817-257-6418.

Dr. Bonnie Melhart, TCU Research Integrity Office, Telephone 817-257-7104.

Your signature below indicates that you have read or been read the information provided above, you have received answers to all of your questions and have been told who to call if you have any more questions, you have freely allowed your child to participate in this research, and you understand that you are not giving up any of your legal rights.

**Child’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Investigator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**