**Parent’s or Guardian’s Permission Form**

Dear Parent or Guardian,

I am presently involved in a research project on [topic]. Information on this topic is valuable for [explain value].

I would like permission for your child to [explain involvement of child and amount of time the involvement takes].

There will be approximately [state number] of student participants. Your child’s participation in this research is voluntary, and you may decline to allow your child to participate in the study, and if you give approval you may change your mind about your child’s participation later by contacting the researcher (see contact information below). Your child may also decline to participate. There is no penalty to your child if he or she does not participate.

Examples of activities that your child will participate in include:

[Optionally, you may give more details about things such as survey/interview questions or the activity in which the child will participate.]

The foreseeable risks associated with your child’s participation are [state foreseeable risks and follow with efforts taken to minimize risks]. Your child’s responses will remain confidential, and the data will be stored securely during the study [explain how you will secure the data with multiple layers of protection]. All data will be destroyed after three years of the study’s completion. In addition, no reference will be made in oral or written reports that could link your child to the study. Please understand that the use of this information will be primarily for [explain primary usage]. In addition to this parental permission form, I will ask your child whether he or she wants to participate.

If you have any questions about the study or the procedures, please feel free to contact this researcher. If you have questions regarding your child’s rights as a research participant, call or email [current IRB chair and phone/email]

Sincerely,

XXX Phone: (XXX)XXX-XXXX

Researcher, Aurora University email address

I give permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Print child’s name) to participate in the study.

[If appropriate] I give permission for my child to be audio-taped [video-taped].

Parent or Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_