Westminster College
Institutional Review Board (IRB)
For the Protection of Human Subjects

Form D
Parent/Guardian Permission Form
Research Involving Minors (under age 18)

Before agreeing to participate in this study, it is important that the following explanation of the proposed procedures be read and understood. It describes the purpose, procedures, benefits and risks of the study. It also describes alternative procedures available and the right to withdraw from the study at any time. It is important to understand that no guarantee or assurance can be made as to the results. It is also understood that refusal to participate in this study will not result in negative consequences for you or your child.

Your child is being asked to participate in a research study, the purpose of which is _____.

The study procedure(s) have been identified as _____.

The duration of the study is expected to be _____. You will be notified of any significant variance from the stated duration of the study.

Possible benefits that your child might realize from participation in this study have been identified as _____.

INVESTIGATOR: Include one of the following two statements as applicable:

Projects for which there are no or minimal foreseeable risks:
There are no foreseeable side effects/risks associated with this project, other than the possibility of _____. However, some side effects/risks may be unforeseeable.

Projects for which possible side effects/risks have been identified, including psychological side effects:
The potential side effects/risks associated with the study have been identified as ____. In the event that your child is affected by these side effects/risks, the following remedies are available: _____. Some side effects/risks may be unforeseeable.

Your child's participation in this study is entirely voluntary, and he/she may withdraw from the study any time he/she wishes.

The contact person, should your child wish to withdraw from the study or should you or your child have questions about the study, is:

Principal Investigator’s name
Phone:

If you have any questions regarding your child’s rights as a research participant, please contact:

Chair of IRB
Phone:

All personally identifiable study data will be kept confidential. However, the results of this study may be made available to you upon request or used in formal publications or presentations.

If the risks and benefits associated with this study have been explained to your satisfaction, as well as your child’s rights as a research participant, and you wish to allow your child to participate, please sign and date this form where indicated. You will be provided a copy of this form for your records.
Signature of Parent/Guardian

Date

Signature of Witness

Date

Signature of Primary Investigator

Date