Instructions: Please complete yellow highlighted sections (XXX sections). Remember, you are familiar with your research, but this is new to parents/legal guardians, so use simple, easy-to-understand language. When finished, remove highlighting/instructions (including this blue section) in this document before submitting to the Human Subjects Committee for review. When you are done, please proofread the document to make sure it reads well and make sure the information is correct.

Date: XXX

Principle investigator(s): XXX

Study title: XXX

**Informed Consent Form - Parent/Legal Guardian Consent**

Dear parent/legal guardian,

My name is XXX and I am a faculty member/student XXX at SUNY Oswego conducting research on XXX. The purpose of this study is XXX. XXX (name the school/school district where you are conducting your research) is familiar with this research and has given me permission to do this research. Also, the SUNY Oswego campus has a research oversight committee called the Human Subjects Committee, and they have also reviewed and approved this study. The purpose of this form is to inform you of this study so you can decide if you want to allow your child to participate in this study.

**Your child's participation**

If you allow your child to participate, they will complete the following tasks: XXX. The task(s) will take XXX minutes/hours. Your child will not miss any instruction time if they participate in this research (XXX please verify this is correct). The risks associated with participation are no more than what your child may experience on a day-to-day basis (XXX if there are risks, please list them). If at any point your child no longer wants to participate, they can stop and return to their regularly scheduled activities without penalty. Please know that their grades, class standing, and treatment at school will not be affected whether they do or do not participate.

**Benefits**

The benefits to your child include XXX (if there are no benefits, state there are no benefits to your child), and the benefits of this research include XXX (explain how this research benefits science/instructional design/child development, etc.).

**Confidentiality**

This research is anonymous - your child's name and identifying information will not be collected or shared. If the results from this research are presented at a conference or published in a journal, your child's information and individual responses will not be shared.

**Questions?**

If you have any questions about this study, please contact me at EMAIL and/or PHONE XXX. If you have any questions about your child's rights as a research participant, please contact the Human Subjects Committee Chair, Dr. Theo Rhodes, at hsc-admin@oswego.edu.

If you are comfortable with your child participating, please fill out the form below.

Thank you,

XXX (insert your name here, title, department, contact information)

**Informed Consent Form - Parent/Legal Guardian Consent**

Date: XXX

Principle investigator(s): XXX

Email address: XXX

Phone number: XXX

Study title: XX

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the information provided in this document. I fully understand what my child will be doing, the risks involved, and that my child may withdraw from this project at any time without penalty. I understand that my child's information will be confidential. I also understand that I can ask questions I have about this research. I give my consent to have my child participate in the research study “XXX.”

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Print child’s name* *Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Print parent's/legal guardian's name Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Parent’s/legal guardian's signature Date*

I hereby certify that I have given an explanation to the above individual of the contemplated study and its risks and potential complications.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Principal investigator signature Date*