**Parental Consent Form**

**Bates College Department/Program of [insert department/program]**

Title of the Study: [insert study title]

Researcher Name(s): [insert researcher name(s) and contact information, plus advisor name(s) and contact information if applicable]

 The purpose of this research is to [insert several sentences describing the purpose of the research. Avoid technical/academic language that may be difficult for a non-academic to understand].

While participating in this study, your child will be asked to [insert several sentences describing the procedure of the research, including any interactions researchers will have with the child and any responses/measurements researchers will collect from the child. Include information about timing if applicable; for example, children will be asked questions at Time 1 and other questions at Time 2 three weeks later.]

Findings from this study will be used [insert a sentence describing where the findings will be presented. Will they appear in a student thesis? A scholarly publication? A research conference? A class presentation? A presentation to the administration? etc. It is a good idea to be as thorough as possible. For example, if there is even a remote chance that findings may be published in a scholarly journal, state that here.]

I hereby give my consent for my child to participate in this research study. I acknowledge that the researcher has provided me with:

A. An explanation of the study’s purpose and procedure.

B. Answers to any questions I have asked about the study procedure.

I understand that:

A. My child’s participation in this study will take approximately [insert duration].

B. The probability and amount of harm/discomfort anticipated as a result of my child participating in this study are not greater than those ordinarily encountered in daily life. [If any greater-than-minimal risks are anticipated (e.g., physical pain, emotional distress), replace this sentence with “Participating in this research may result in” and list the anticipated risks.]

C. Research sessions will not be held when important academic material is being covered. [If this is not correct, then revise this point appropriately.]

 D. The potential benefits of this study include [briefly describe the study’s potential benefits to participants and others, not including compensation (e.g., educational benefits). If there is no expected benefit, replace this sentence with “There are no expected benefits associated with my child’s participation.”]

E. My child will be compensated for participating in this study with [insert the form and amount of compensation, or replace this sentence with “My child will not be compensated for participating in this study.”]

F. My decision to allow my child to participate is voluntary, and I may withdraw my consent and discontinue my child’s participation in the study at any time. My refusal to participate will not result in any penalty or disadvantage for me or my child.

G. In addition to my written consent, my child will give verbal agreement to participate in the research. My child will be able to discontinue their participation at any time, without penalty, and this will be explained to them before they agree. [If this is not correct, then revise these points appropriately.]

H. My child’s responses in this study will be kept confidential, to the extent permitted by law. The data will be stored in a secure location [state where; for example, a password-protected computer], will be available to [state who will have access to the data], and research reports will only present findings on a group basis, without any personally identifying information of me or my child. [If you plan to quote individual participants or identify them by name, then revise this point appropriately.]

Name of child (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of parent (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_