**PARENT / GUARDIAN PERMISSION FORM**

Your child is invited to participate in a research study conducted by [*name of investigator*], from the University of Oregon [*departmental affiliation*]. I hope to learn [*state what the study is designed to discover or establish. If a student, indicate that results will contribute to thesis or dissertation*]. Your child was selected as a possible participant in this study because [*state why subject was selected*].

If your child participates, [*describe procedures, including their purpose, how long they will take, their location and frequency. If activities are to be audio or videotaped, indicate this*]. [*Describe risks, discomforts, inconveniences, and how these will be managed. Describe any alternative procedures or courses of treatment, if applicable. Indicate costs of participating, if any.*] [*Describe benefits to subjects and humanity expected from the research*]. However, I cannot guarantee that you or your child will personally receive any benefits from this research. [*If subject will receive compensation, describe amount and when payment is scheduled.*]

Any information that is obtained in connection with this study and that can be identified with your child will remain confidential and will be disclosed only with your permission. Your child’s identity will be kept confidential by [*describe coding procedures and plans to safeguard data*]. [*If information will be released to any other party for any reason, state the person/agency to whom the information will be furnished, the nature of the information, and the purpose of the disclosure.*]

Your child’s participation is voluntary. Your decision whether or not to let your child participate will not affect your relationship with [*name of agency, school, etc. where subject was recruited*]. If you do decide to allow your child to participate, you are free to withdraw your consent and discontinue your child’s participation at any time without penalty.

If you have any questions, please feel free to contact [*provide name, phone number, and department address. If student, also provide advisor name and phone, and identify as your advisor.*] If you have questions regarding your child’s rights as a research subject, contact Research Compliance Services, University of Oregon, Eugene, OR 97403, (541) 346-2510.

Your signature indicates that you have read and understand the information provided above, that you willingly agree to your child’s participation, that you may withdraw your consent at any time and discontinue participation without penalty, that you have received a copy of this form, and that you are not waiving any legal claims, rights or remedies.

Print Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_