**Loyola Marymount University**

**Parent/Guardian Permission Form *(Template)***

***[This is a sample parent/guardian permission template) when research involves minors. Please tailor the form to fit your study as applicable. Be sure to delete this instruction statement in your final submitted version.]***

**TITLE:** [Title of the Research Project]

**INVESTIGATOR:** [Your name, Department, College/School, phone number(s)]

**ADVISOR: (if applicable)** [Your Advisor's name, Department, College/School and phone number(s)]

**PURPOSE:** Your child is being asked to participate in a research project that seeks to investigate **[explain in a short sentence the goal of the project]**. Your child will be asked to complete **[explain briefly the specific tasks involved, the time expectation, audio or videotaping if applicable, member checking, when and where the study will take place and any other relevant information].**

**RISKS:** There are no known risks associated with this study. However, your child might experience **[describe any reasonably foreseeable risks and/or discomforts, including physical, psycho-social, or legal. Also, note steps you have taken to avoid/minimize such risks.]**

**BENEFITS:** **[Describe any benefits to the individual subject, community, or to scientific knowledge.]**

**INCENTIVES: [State whether the participants will be compensated. If there will be no incentives, state: “Your child will receive no incentives for this study.”]** Participation in the project will require no monetary cost to you or your child. Although food is not considered an incentive, if food is offered explain what will be provided and when, if applicable.

**CONFIDENTIALITY: [Explain whether you will collect children’s names or other identifiers (demographics) in connection with the data. If not, state that fact.]** Your child’s name will never be used in any public dissemination of these data (publications, presentations, etc.). **[If you will not collect names at all, omit the previous sentence.]** All research materials and consent forms will be stored **[explain data protection: electronic encryption, locked cabinet, etc., and indicate who will have access to the data]**. When the research study ends, all identifying information will be removed from the data, or it will be destroyed. All of the information you provide will be confidential. However, if we learn your child intends to harm him/herself or others, we must notify the authorities.

**RIGHT TO WITHDRAW:** Your child’s participation in this study is *voluntary*. He or she may choose to withdraw at any time without penalty. You may withdraw your permission for your child to participate in this study. Withdrawal at any point will not influence any other services to which he or she may be otherwise entitled, his/her status in school or grade(s).

**VOLUNTARY PERMISSION:** I have read the above statements and understand what is being asked of my child. I understand that giving my permission is voluntary and that I am free to withdraw my permission at any time, for any reason, without penalty to me or my child. I also understand that my child’s participation is voluntary, and he/she is free to withdraw assent to participate at any time. On these terms, I certify that I give permission for my child to participate in this research project.

I understand that should I have any concerns, comments or questions about my child’s

Participation in this study, I may contact Dr. Steve Heller, Chair, Institutional Review Board,

Loyola Marymount University, 1 LMU Drive, Los Angeles, Ca 90045-2659 or by email at

irb@lmu.edu.

**Parent/Guardian Signature Date**