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**minor participant in human**

**subject research authorization**

**Introduction**

My name is [PI Name] and I am a(n) undergraduate *student/graduate student/faculty member/staff* member at Coastal Carolina University. As the parent or legal guardian of a minor child, I would like to ask for your authorization to invite your child to take part in my research study entitled, *“*[enter the title of your research study]*”*. You are free to talk with someone you trust about your participation in this research and may take time to reflect on whether you wish for your child to participate or not. If you have any questions, I will answer them now or at any time during the study.

**Purpose**

The purpose of this research study is to [provide a brief explanation of the study purpose].

**Procedures**

During this research study, your child will be asked to [provide a brief explanation of the type of intervention you will be doing with the participant, such as interviewing, administering a survey, requiring physical activity, asking for focus group participation, etc.].

**Duration**

For this research study, your child’s participation will be required for [provide information about the time commitments of the research including both the duration of the research and any follow-up, if needed].

**Rights**

You do not have to agree to authorize your child’s participation in this research study. If you do choose for them to participate, you may choose to withdraw them from the study at any time once the study begins. There is no penalty for not participating or withdrawing from the study. If you are a CCU student, your decision to allow your child to participate or not will have no affect your grade.

**Risks**

During this research study, *no risks or discomforts are anticipated* OR *it is possible that you will experience certain risks or discomforts such as* [explain and describe any risks anticipated or that are possible given the specific issue(s) and situation(s) involved in the study procedures].

**Benefits**

By agreeing to allow your child to participate in this research study, *you/they may benefit by/from* [describe any benefit(s) to the participant or to others that may reasonably be expected from the research]. OR *it is not expected that you would benefit directly. This research, however, may help gain a better understanding of others within your community or society as a whole as a result of finding an answer to the research question*.

**Incentives** (*If there are no incentives, remove this section.*)

For your child’s participation in this research study, *you/they* will be provided [describe any incentives being offered to encourage participation such as money/gift cards, gifts, course credit, etc.]

**Confidentiality**

Unless you provide consent to the contrary, the confidentiality of your child’s participation in this research study, your child’s responses or any individual results will be maintained by the PI and all members of the research team.

Note that confidentiality will only be violated when required by law or the ethical guidelines of the American Psychological Association. This usually includes, but may not be limited to, situations when responses indicate that a participant, or another clearly identified individual, is at risk of imminent harm or situations in which faculty are mandated reporters, such as instances of child abuse or issues covered under Title IX regulations. For more information about Title IX, please see the University’s webpage at: https://www.coastal.edu/titleix/.

**Sharing the Results**

As the Principal Investigator on this research study, I plan to share the results of this study by [describe your plan for sharing the findings of the research - class presentation, publication, conference presentation, etc.]

**Contacts**

If you have any questions about this research study, please feel free to contact me by phone [your phone number] or [your CCU email address].

(*If the PI is a student, the contact information for the faculty advisor must be provided.*)

My faculty advisor on this study is [name of faculty advisor] and she/he can also be contacted by phone [faculty advisor phone number] or email [faculty advisor email].

**The Institutional Review Board (IRB) under the Office of Sponsored Programs and Research Services is responsible for the oversight of all human subject research conducted at Coastal Carolina University. If you have any questions about your rights as a research participant before, during or after the research study, you may contact this office by calling (843) 349-2978 or emailing** [**OSPRS@coastal.edu**](mailto:OSPRS@coastal.edu)**.**

This research study has been approved by the IRB on [insert date of approval letter]. This approval will expire on [insert expiration date from approval letter] unless the IRB renews the approval prior to this date.

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**Consent**

I have read this form and have been able to ask questions of the PI and/or discuss my child’s participation with someone I trust. I understand that I or my child can ask additional questions at any time during this research study and am free to withdraw my child from participation in the study at any time.

**I agree for my child to take part in this research study.**

**I agree to allow my child’s name or other identifying information to be included in reports, publications and/or presentations resulting from this research study.**

**I DO NOT agree to allow my child’s name or other identifying information to be included in reports, publications and/or presentations resulting from this research study.**

Participant’s signature:

Date: