

HUMAN SUBJECTS CONSENT FORM

I, _____, give consent for my child, _____, to participate in the research project entitled [insert title here], which is being conducted by [researcher's name, business address, and telephone number; student researchers may use their own information and that of their faculty advisor].

The following points have been explained to me and to my child:

1. The reason for the research is: [Give a short justification].
2. The research involves: [Briefly describe the course of action that will happen to the participant, including time and place. In clinical studies involving experimental treatments, identify parts that are new or experimental, and indicate how they differ from other procedures that could be followed. Include a statement regarding the amount of time you expect it will take participants to complete assigned tasks.]
3. The discomforts or stresses that may be faced during this research are: [If none, so indicate].
4. Participation involves the following risks: [List all potential physical, psychological, social, or legal risks. If there are no known risks, so indicate. If risks exist, list the steps to be taken if harm should come to the participant, including any availability of medical treatment if needed].
5. Participation may have the following benefits: [list specific benefits to the participant, if any; if none, so indicate].
6. Payment for participation will be: [If participants will be paid, state the amount and distribution schedule. If participants will not be paid, state this.]
7. Incentives for participation will be: [If participants will be provided with an incentive, state the type and distribution schedule. If participants will not be provided with incentives, state this.]

8. Participation will be [anonymous or confidential. If there are any limits to confidentiality, state these here. Describe procedures for storing data securely and describe who, if anyone other than you, will have access to the data.].

9. Participation in the research is voluntary. You can withdraw your consent at any time without penalty. Your child may also decline to participate in the research (with the exception of any routine educational activities) at any time without penalty.

10. You may ask questions about this research by contacting the researcher at [include contact information here] or by contacting the researcher's advisor, [Name of Research Instructor], at [Instructor's office number].

11. A copy of this informed consent must be given to you.

12. The investigator has a right to publish research results. Research results will not contain any identifying information about your child specifically; all results will be reported in summary form.

THIS RESEARCH STUDY HAS BEEN REVIEWED AND APPROVED BY THE HUMAN SUBJECTS COMMITTEE AT THE UNIVERSITY OF ST. THOMAS. For additional information concerning your child's rights as a human subject, please contact Dr. Dominic Aquila, Vice President of Academic Affairs, (713) 525-2164.

Signature of Researcher, Date

Signature of Parent or authorized guardian, Date