

UMASS GLOBAL
16355 Laguna Canyon Road
Irvine, CA 92618

CONSENT FOR PERMISSION FOR MINOR TO PARTICIPATE IN RESEARCH

Title of Study

Your child is invited to participate in a research study conducted by *your name*, a doctoral candidate from UMASS GLOBAL, under the supervision of *your chair or advisor*. Your child's participation is voluntary. Please read the information below and ask any questions about anything you do not understand before deciding whether to participate. By signing this permission slip, you grant permission for your child to participate in this study. You will be given a copy of this form.

Responsible investigator: *Your name, degree title*

Purpose of this study: Your child is being asked to participate in a scholarly project conducted by *your name, degree title*, a doctoral student from the *your school* [Musco School of Nursing and Health Professions at UMASS GLOBAL]. Include your study's purpose. Do not need to elaborate with explanation narrative.

What will be done:

- *[Provide separate descriptions for what the child will be asked to do.]*
- *[List and describe the procedures/tests/activities and their frequency chronologically using simple language, short sentences and short paragraphs.]*
- *[Use bullets or number the paragraphs as appropriate.]*
- *[Either describe or attach survey/interview.]*
- *[Specify the location of study activities.]*

Benefits of this Study:

[Describe benefits to participants expected from the research. If the participants will not directly benefit from participation, please state, "Your child will not directly benefit from your participation in the research."]

Risks or discomforts:

Below is an example only! Researcher will develop this narrative to reflect the study.

There are minimal risks or discomforts associated with this survey. If your child feels uncomfortable with a question, he or she can skip that question or withdraw from the study altogether. If they decide to quit at any time before they have finished the questionnaire or interview, their answers will NOT be recorded. Whatever decision you make, there will be no penalty to you or your child, and no loss of benefits to which you or your child were otherwise entitled.

Confidentiality:

Below is an example only! Researcher will develop this narrative to reflect the study.

Responses will be kept completely confidential. No identifiable information obtained in connection with this study will be disclosed. When the results of the research are published or discussed in conferences, no identifiable information will be included.

Decision to quit at any time:

Below is an example only! Researcher will develop this narrative to reflect the study.

Participation is voluntary; participants are free to withdraw their participation from this study at any time. They also may choose to skip any questions they do not wish to answer.

How the findings will be used:

Below is an example only! Researcher will develop this narrative to reflect the study.

The results of the study will be used for scholarly purposes only. The results from the study will be presented in educational settings and at professional conferences. The results may be published in a professional journal.

Contact information:

If you have concerns or questions about this study, please contact *researcher name* at *your UMASS GLOBAL email address*. You may also contact *Chair name* at *chair’s email address*. No information that identifies me or my child will be released without my separate consent and all identifiable information will be protected to the limits allowed by law. If the study design or the use of the data is to be changed, I will be so informed and my consent re-obtained. I understand that if I have any questions, comments, or concerns about the study or the informed consent process, I may write or call the Office of the Vice Chancellor of Academic Affairs, UMASS GLOBAL, at 16355 Laguna Canyon Road, Irvine, CA 92618, (949) 341-7641.

I acknowledge that I have received a copy of this form and the “Research Participant’s Bill of Rights.” I have read the above and understand it and hereby consent to the procedure(s) set forth.

Signature of Parent or Guardian

Signature of Principal Investigator

Date