

# Appendix L: Sample Parent/Legal Guardian Informed Consent Form

Revised Date: 12/01/20

## Parent/Legal Guardian Informed Consent Form for [Project Title]

Dear Parent or Legal Guardian:

Your child is being invited to participate in a research project conducted by \_\_\_\_\_, who is a **[graduate student/doctoral candidate/faculty member]** at University of Arizona Global Campus.

The purpose of this project is to **[describe project in language the parent can easily understand]**.

Your child will be asked to **[explain specifically what the participants are going to be asked to do]** that will take about **[give time commitment]** of their time. **[If applicable, sample questions or description should be inserted here.]**

The potential risks associated with this study are **[include any foreseeable risks or discomforts to participant]**. We expect the project to benefit your child in these ways **[include any foreseeable benefits]**.

Your child's individual privacy will be maintained in all publications or presentations resulting from this study. **[Describe the methods you intend to take in order to protect your participants' confidentiality/anonymity or explain that participants' names may be used in the final research document. If you conduct an experiment where the participants will be audio and/or video tape-recorded, you must explain what the disposition of the tapes will be at the conclusion of the study.]**

If you agree to allow your child to participate in this project, please understand that his/her participation is voluntary, and that you and your child have the right to withdraw your consent or discontinue participation at any time with no penalty. Your child will also have the right to refuse to answer any question(s) for any reason with no penalty.

If you have any questions regarding this project, you may contact the researcher at \_\_\_\_\_. If you have questions regarding your or your child's rights as a research participant or any concerns regarding this project, you may report them – confidentially, if you wish – to \_\_\_\_\_, the University of Arizona Global Campus Institutional Review Board (IRB) Chair at [IRB@UAGC.edu](mailto:IRB@UAGC.edu).

A copy of this consent form will be provided to you.

I understand the above information and voluntarily consent to have my child participate in the research.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

IRB Approval Number: \_\_\_\_\_ IRB Expiration Date: \_\_\_\_\_