**TEMPLATE INSTRUCTIONS**

This template serves as a starting point for researchers when developing their parent/guardian/legally authorized representative (LAR) permission materials. Researchers will be responsible for customizing this template to fit the specific needs and requirements of their study to ensure all regulatory and agency specific requirements that may apply are included.

While exempt studies are not held to the full requirements for permission set forth in [45 CFR 46 Subpart D](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/common-rule-subpart-d/index.html#46.401) and [45 CFR 46.116](https://www.hhs.gov/ohrp/regulations-and-policy/regulations/45-cfr-46/revised-common-rule-regulatory-text/index.html#46.116), there must be a permission process that includes the basic elements of consent to ensure these individuals have sufficient information to make an informed decision about participation. Projects funded or regulated by certain agencies, may require additional elements to be included. Agency specific requirements include, but are not limited to:

* [DOJ requirements](https://www.ecfr.gov/current/title-28/chapter-V/subchapter-A/part-512/subpart-B/section-512.16)
* [FDA requirements](https://www.fda.gov/regulatory-information/search-fda-guidance-documents/informed-consent)
* [NIH requirements](https://policymanual.nih.gov/3014-301)
* [NIJ requirements](https://nij.ojp.gov/funding/informed-consent-requirements)

When developing your permission materials, the information presented must align across all submission materials (exempt application, recruitment materials, data collection materials, etc.).

To facilitate understanding, the language utilized in the permission materials should be:

* Developmentally appropriate for the study population and aimed at no higher than an 8th grade reading comprehension level for adult participants when possible.
* Free of technical jargon and legalese
* If abbreviations and acronyms are used, spell out the full term and indicate its abbreviation in parenthesis at its first mention.

Additional helpful guidance for developing permission materials can be found under the guidance section of the [WSU IRB Forms webpage](https://irb.wsu.edu/forms/).

When customizing this template:

* Bracketed text in red font indicates instructions and prompts for the researchers.
* Unbracketed text in black font indicates sample starter text based on the basic required elements for most studies but will not be comprehensive for all.
* Please ensure that finalized forms are revised so that all brackets are deleted, and that all text font is black.
* Submit only the finalized form, do not include this instruction page in your submission file.

**PARENT/GUARDIAN/LEGALLY AUTHORIZED REPRESENTATIVE (LAR) PERMISSION FORM**

**[Template For Exempt Research]**

**Research Study Title:** [Study Title as listed on the submitted application]

**WSU IRB #:** [##### to be assigned by the WSU HRPP/IRB after processing of submission]

**Principal Investigator Information:**

[First Last name]

[WSU college/department affiliation]

[WSU Phone number]

[WSU email address]

**Introduction**

Your child is invited to take part in a research study conducted by [Principal Investigator First and Last name] at Washington State University (WSU). Before granting permission for your child to participate, it's important for you to understand why we're doing this research, what participating involves, and what possible risks and benefits there may be. This document serves as a parent/guardian permission form, providing information about the study and what it means for your child to participate.

**Purpose of the Study**

We are conducting this study to learn more about [insert a brief and clear explanation of the research objectives]. Your child's participation in this study will help us understand [insert potential impact or significance of the study].

**Benefits**

There [are/are no] direct benefits to your child for participating in this study. [If there are direct benefits to participants, include a statement as to what the benefit will be].

By allowing your child to participate in this study, they may be contributing to [insert potential benefits to society/participant if applicable].

**Eligibility**

Your child may be eligible to participate in this study if they are:

* [List eligibility criteria].

**Study Procedures**

If you grant permission for your child to be in the study, they will be asked to do the following:

* [List and describe each participant-based study procedure such as interviews, surveys, experiments, observations, or interventions. Indicate any procedures that are experimental. Your descriptions should be concise and presented in terminology that your participants will easily understand].

**Length of Participation**

Your child's involvement in the study will take about [estimated total duration, e.g., minutes, hours, days, weeks, etc.].

**Compensation/Incentives and Costs**

If you choose to allow your child to participate in this study, they may be eligible to receive [Include disclosure of any compensation/incentives for participation, including the amount awarded, how and when payment will be issued, and any stipulations that may apply].

**Confidentiality**

Your child's privacy is important to us. Your child's data will be [Explain the level of confidentiality of collected/recorded data and how you will protect the participant’s privacy. Include how data will be stored, who it will be shared with, and for what reasons].

**Risks**

It's important to know that the following risks may be associated with your child's participation in this study:

* [List all risks associated with participating in the study].

To help reduce these risks, [Include any risk mitigation/management strategies and available resources/referrals that may be offered if applicable].

**Voluntary Participation**

Your child's participation in this study is voluntary. This means that you can choose whether to allow your child to participate in this research study. They can choose to say no, not answer specific questions, or change their mind at any time without penalty or loss of benefits. We will share any significant new findings which may impact your willingness to continue to allow your child's participation. If you choose to withdraw your permission, [include a statement of the consequences, if any, and the procedures for orderly termination of participation by the subject].

**Questions and Contacts**

If you have any questions about this study, you may contact:

[Researcher’s First Last name]

[Researcher’s role such as Principal investigator, Co-Investigator, research assistant, Research coordinator]

[WSU Phone number/WSU email address]

This study has been certified exempt under 45 CFR 46.104 by the WSU Human Research Protection Program (HRPP). If you have questions or concerns about your rights as a research participant in this study, you may contact the WSU HRPP at [irb@wsu.edu](mailto:irb@wsu.edu).

**Parent/Guardian/****Legally Authorized Representative (LAR)’s Indication of Permission**

I have read and understood the information in this permission form. I have had the opportunity to ask questions, and any questions I had have been answered to my satisfaction. I voluntarily agree to allow my child to participate in this research study.

☐ I do not agree to allow my child to participate in this research study.

[When developing procedures for obtaining the parent/guardian/legally authorized representative (LAR)’s indication of permission it is important that the researchers understand that **signed written permission is not a requirement for studies certified as exempt**. Researchers should customize how they are recording indication of permission to best support their study design and are urged to not include fields where identifiers are collected unless necessary. For studies that will utilize a signed written permission procedure, include the optional recommended elements bellow as needed.]

Parent/Guardian/LAR's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian /LAR's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/LAR's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian/LAR's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_