**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.

For all non-exempt studies, the general requirements for permission must be obtained and documented in accordance with the requirements 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) . 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 (non-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 Non-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.

**Key Information**

[For permission forms greater than 2000 words, provide a concise summary of the following key information:

* The fact that permission is being sought for research and that participation is voluntary;
* The purposes of the research, the expected duration of the prospective subject’s participation, and the procedures to be followed in the research;
* The reasonably foreseeable risks or discomforts to the prospective subject;
* The benefits to the prospective subject or to others that may reasonably be expected from the research; and
* Appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the prospective subject.]

**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].

**[Include if applicable] Disclosure of Alternative Treatments**

Before granting permission for your child to participate, it's important to know that there may be alternative procedures or courses of treatment that could be advantageous to your child. [Insert a disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject].

**Eligibility**

[Number required for more than minimal risk studies only] We plan on enrolling [insert estimated number] eligible participants.

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].

It is important to note that there could be expenses related to your child's participation in this study, such as [specify any potential costs, such as travel, additional medical tests, etc.].

If your child suffers a research-related injury (physical, psychological, social, financial, or otherwise) due to their participation in this study, [Include an explanation as to whether any voluntary compensation or treatments are available and, if so, what they consist of, or where further information may be obtained].

**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].

[Include if applicable] Unexpected risks to your child, or to an embryo or fetus if your child is or were to become pregnant, may occur due to treatments or procedures involved in this study.

**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 approved by the WSU Institutional Review Board (IRB). If you have questions or concerns about your child's rights as a research participant in this study, you may contact the WSU IRB at [irb@wsu.edu](mailto:irb@wsu.edu).

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

You will be provided a copy of this signed document for your records.

[Parent/Guardian 1]

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. By signing below, 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.

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

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

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

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

[Parent/Guardian 2]

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. By signing below, 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.

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

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

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

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

[Include the recommended optional elements bellow as needed.]

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

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

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

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