



Sample Letter and Consent Form for Parents or Guardians of a Minor

NOTE: You can either modify the Consent Template for Adults or use the below sample letter to obtain written consent. The information in this letter must include all of the following elements found in the Consent Form for Adults, which contains detailed information about each element:

TITLE OF PROJECT
RESEARCHER'S NAME(S) AND CONTACT INFORMATION
PURPOSE OF STUDY
DURATION AND LOCATION OF STUDY
PROCEDURES
POTENTIAL RISKS AND DISCOMFORTS
BENEFITS
CONFIDENTIALITY/ANONYMITY
COMPENSATION FOR PARTICIPATION
RIGHT TO REFUSE OR WITHDRAW
OFFER TO ANSWER QUESTIONS.

(Current Date)

Dear Parents:

My name is _____ and I am a faculty member/graduate student in the Dept/School of _____ at Fairfield University in Fairfield, CT. I am sending this letter to explain why I would like for your child to participate in my research project. I am studying (general purpose) and would like to see (describe study's goals)

With your permission, I will ask your child to (describe tasks child will do and how long, e.g., "to complete a short questionnaire that would take about 15 minutes"). Your child's participation in this study is completely voluntary and will not affect his or her grades in any way. Your child may quit this study at any time by simply saying "Stop" or "I do not wish to participate."

The study will be conducted (say when and where). There are no known risks involved in this study and your child will not receive any compensation for his or her participation. To protect your child's confidentiality, your child's name will not appear on any record sheets. The information obtained will not be shared with anyone, unless required by law. The records will be maintained by me and my faculty sponsor, Dr. _____. If you have any questions, please contact me at (xxx) xxx-xxxx or via email at _____.

This letter will serve as a consent form for your child's participation and will be kept in the _____ Department at Fairfield University. If you have any questions about this study, please contact Dr. _____, the faculty sponsor of this project, at (faculty sponsor phone) or at (email address). If you have any questions about your child's rights as a participant, you may contact the Fairfield University IRB through Ms. Susan LaFrance 203-254-4000 x2154.

Please have your child return this form to his or her homeroom teacher by (date).

Sincerely yours,

Statement of Consent

I read the above consent form for the project entitled _____ conducted by _____ of Fairfield University. The nature, demands, risk, and benefits of the project have been explained to me. I am aware that I have the opportunity to ask questions about this research. I understand that I may withdraw my consent and discontinue my child's participation at any time without penalty.

Child's Name (Please Print)

Signature of Legal Guardian

Date