

MODEL FORM

PARENTAL LETTER OF CONSENT FOR MINORS

(Typically used for studies that would not exceed minimal risk)

Dear Parent:

I am a professor [a graduate student under the direction of Professor _____] in the Department/Division/College of _____ at the University of New Orleans. I am conducting a research study to ____ (state purpose of study).

I am requesting your child's participation, which will involve _____. (*Include the expected duration of the subject's participation*). Your child's participation in this study is voluntary. If you choose not to have your child participate or to withdraw your child from the study at any time, there will be no penalty (it will not affect your child's grade, treatment/care, **whichever applies - select only one**). Likewise, if your child chooses not to participate or to withdraw from the study at any time, there will be no penalty. The results of the research study may be published, but your child's name will not be used.

Although there may be no direct benefit to your child, the possible benefit of your child's participation is _____.

The risks associated with participating are minimal and include [describe risks]_____. These risks are not greater than those ordinarily encountered in daily life [or during the performance of routine physical or psychological examinations or tests].

If you have any questions concerning the research study or your child's participation in this study, please call me [or Dr. _____] at () ____ - ____.

If you have any questions about you or your child's rights as a subject/participant in this research, or if you feel you or your child have been placed at risk, you can contact Dr. Roberto Refinetti at the University of New Orleans at 504-280-7481.

Sincerely,

(Researcher's name)

By signing below, you are giving consent for your child _____ to participate in the above study. (Release statement for videotaping or relinquishing confidentiality must be inserted here if applicable.)

Signature

Printed Name

Date