



**Institutional Review Board**

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**CONSENT TO PARTICIPATE**

<b>Project Title</b>	<b>SAMPLE PARENT PERMISSION FORM</b>
<b>Purpose of the Study</b>	This research is being conducted by <b>Dr. John Jones</b> at the University of Maryland, College Park. We are inviting your child to participate in a research study entitled Caregiving: Stresses and Support. You and your child are being contacted because you recently attended a meeting of the UM Caregivers Support Group.
<b>Procedures</b>	<p>We would like to talk with your child about how the time you spent providing care to your family member affected your child's own life. The purpose of this study is to identify the type of stress that caregivers and their children experience and to identify ways to provide them with better support services. We plan to ask 50 children between the ages of 10 and 17 to participate in our research. This study is being funded by the National Institutes of Health.</p> <p>If you agree, your child will talk to an interviewer about topics such as changes in schedules, activities in the home, travel, and time spent with parents. An interviewer will come to your home to conduct the interview at a time convenient for you and your child. The interview is expected to take about 45 minutes to complete. We would like to audiotape the interview, but taping is not required for your child to be part of the study.</p>
<b>Potential Risks and Discomforts</b>	Answering questions about this time in your family's life may be difficult for your child. The interviewer has been trained to work with children and will stop the interview if your child seems upset. We have attached a list of support agency referrals to this letter if your child needs additional help coping with feelings.
<b>Potential Benefits</b>	While your child may not directly benefit from participating in our interview, we hope that this study will contribute to the improvement of social support systems for family caregivers.

<p><b>Confidentiality</b></p>	<p>We plan to publish the results of this study, but will not include any information that would identify you, your child or the family member who was ill. To keep this information safe, the audiotape of your child's interview will be placed in a locked file cabinet until a written word-for-word copy of the discussion has been created. As soon as this process is complete, the tapes will be destroyed. The researchers will enter study data on a computer that is password-protected. To protect confidentiality, your child's real name and the names of any family members will not be used in the written copy of the discussion. The researchers plan to keep this study data indefinitely for future research about caregivers.</p>
<p><b>Medical Treatment</b> [*If Necessary]</p>	<p>The University of Maryland does not provide any medical, hospitalization or other insurance for participants in this research study, nor will the University of Maryland provide any medical treatment or compensation for any injury sustained as a result of participation in this research study, except as required by law.</p>
<p><b>Compensation</b> [*If Necessary]</p>	<p>Your child will receive \$30 for completing the full interview. If your child decides not to finish the interview, your child will be paid \$15. You will be responsible for any taxes assessed on the compensation.</p> <p>If you will earn more than \$100 as a research participant in this study, you must provide your name, address and SSN to receive compensation.</p> <p>If you do not earn over \$100 only your name and address will be collected to receive compensation.</p>
<p><b>Right to Withdraw and Questions</b></p>	<p>Your child's participation in this research is completely voluntary. Your child may choose not to take part at all. If you decide to participate in this research, your child may stop participating at any time. If your child decides not to participate in this study or stops participating at any time, your child will not be penalized or lose any benefits to which he/she would otherwise qualify.</p> <p>If your child decides to stop taking part in the study, if you have questions, concerns, or complaints, or if you need to report an injury related to the research, please contact the investigator:</p> <p style="text-align: center;"><b>Dr. John Jones</b> <b>1234 Not a Real Location</b> <b>NotaRealEmailAddress</b> <b>Fake Phone Number</b></p>
<p><b>Participant Rights</b></p>	<p>If you have questions about your rights as a research participant or</p>

	<p>wish to report a research-related injury, please contact:</p> <p style="text-align: center;">University of Maryland College Park          Institutional Review Board Office          1204 Marie Mount Hall          College Park, Maryland, 20742          E-mail: <a href="mailto:irb@umd.edu">irb@umd.edu</a>          Telephone: 301-405-0678</p> <p>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</p>	
<b>Statement of Consent</b>	<p>Your signature indicates that you are at least 18 years of age; you have read this consent form or have had it read to you; your questions have been answered to your satisfaction and you voluntarily agree to participate in this research study. You will receive a copy of this signed consent form.</p> <p>If you agree to participate, please sign your name below.</p>	
<b>Signature and Date</b>	<b>NAME OF MINOR PARTICIPANT</b> [Please Print]	
	<b>NAME OF PARENT</b> [Please Print]	
	<b>SIGNATURE OF PARTENT</b>	
	<b>DATE</b>	