

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 Winston-Salem State University. I am conducting a research study to (state purpose of study).

I am inviting 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, etc). 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 _____.

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

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

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 the Chair of the Human Subjects Institutional Review Board, through the Compliance Officer, at (336) 750-2982.