Sample Parent/Guardian Consent Form

[Current Date]

Dear Parents or Guardians:

My name is Ann Doe and I am a graduate student at Piedmont College. I am sending this letter to explain why I would like for your child to participate in my project. While many parents have a lot of influence over how their children spend time and money when they are young; as children mature their friends become stronger influences in their lives. I am studying whether middle-school children think their parents or friends influence them more in various daily activities. (e.g. trying out for a play or team, attending a party rather than studying). In addition, I want to see if children’s opinions are linked to their grades in school.

With your permission, I will ask your child (ward) 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/her grades in any way. Your child may quit this study at any time by simply writing on the questionnaire “Stop” or “I do not wish to participate.” The study will be conducted on November 28, 2012, during the Cities in Schools Assembly, so no school time would be lost. There are no known risks involved in this study and your child (ward) will not receive any compensation for his/her participation. To protect your child’s (ward’s) confidentiality, your child’s (ward’s) name will not appear on the questionnaire. This questionnaire will not be shared with anyone, unless required by law. The results of this questionnaire will be maintained by me, Ann Doe (student researcher) and will not be available to anyone else if you have any questions or if you would like to receive a final copy of this report please contact me at (706 778 8500) or (edoe@piedmont.edu).

This letter will serve as a consent form for your child’s participation. If you have any questions about this study, please call Dr. __________________, the faculty sponsor of this project, at (faculty sponsor phone and email ). If you have any questions about your child’s (ward) rights as a participant, you may contact the Piedmont College IRB Chair, Dr. Ron Leslie (rleslie@piedmont.edu) (706 778 8500 Ext 1300).

Please have your child return this form to his/her homebase teacher by November 30, 2012. Thank you for your consideration.

Sincerely yours,
Ann Doe

Statement of Consent

I

__________________________
Child’s Name

__________________________
Signature of Parent/Legal Guardian Date