*[Instructions: This form is for use during in-person research which will require you to collect some identifying information regarding minors with the consent of their guardian. Complete all information highlighted in yellow then remove brackets, yellow highlights, and these italicized instructions.]*

**Confidential Informed Consent Form**

**Identification of Researchers:** This research is being done by [insert your name and title] along with their advisor [insert advisor’s name and title].

**Purpose of the Study:** The purpose of this study is to [insert a description of your study].

**Request for Participation:** We are requesting that your minor participate in a study to [insert a short description of your study]. It is up to you whether you would like them to participate. If you decide not to allow their participation, neither you nor your child will be penalized in any way. Your decision whether to participate will not jeopardize your (or your child’s) relationship with LaGrange College. You can also decide to stop at any time without penalty. You child may skip questions or portions of the research study at any point, although this may disqualify their responses from use in the research. This research is confidential, and you may withdraw your child’s information at any time by contacting the researcher.

**Exclusions:** Your child must be at least [age] years of age to participate in this study. [Describe any other exclusions].

**Description of Research Methods:** This study involves completing a survey about [fill in the blank]. The survey will ask you about [fill in the blank summarizing your study questions]. [Add any additional procedures or interventions here. Delete the information above about surveys if this does not apply to your research.] This study will take about [time] to finish.

**Privacy:** All the information we collect will be confidential. We will record the following information: [describe any information you will be collecting]. You and your child’s confidentiality will be maintained by storing these consent forms and identifiable information in a locked container in a locked room. Identifying documents will be shredded and disposed of within one year of the study completion.

**Explanation of Risks:** The risks associated with participating in this study are similar to the risks associated with everyday life. [Describe any additional risks. Insert the following if your study contains potentially emotional topics. Some of the topics in this study may be emotional or triggering to some people. If appropriate, add the following: If you experience any uncomfortable thoughts or feelings due to this study, please feel free to contact your doctor or child’s mental health care provider.]

**Explanation of Benefits:** Your child will benefit from participating in this study by getting firsthand experience in research. [Describe any other benefits to the child or parent.]

**Questions:** If you have any questions about this study, please contact [insert your contact information] or [if a student, include your advisor’s name and title here]. If you have any questions about your child’s rights as a research participant, please contact Brian Peterson, Vice President for Academic Affairs and Chair of Institutional Review Board at IRB@lagrange.edu.

This project was approved by the LaGrange College Institutional Review Board on [date (IRB Approval #).]

If you understand the above information, please sign your name below to affirm your consent for the named minor to participate.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_