*Note: Informed consent documents are declarative documents. They must not be created in a Q&A style. The statements and questions below are for guidance only.*

Informed Consent for parents/legal guardians authorizing the use of their child/minor in a study

**Title of project/study: \***Should be stated. However, the title may be modified to disguise the true nature of a study, as

needed, for an experimental design. If this occurs, there must be debriefing at the end of the study to make participants

aware of what the study was truly measuring/doing.

**Principal Investigator’s (PI) Name:** Should be overtly stated.

**PI’s University Affiliation and Title:** Should be overtly stated.

1. **Purpose of the research/study:** Brief description…
2. **Procedures to be followed:** Akin to the methodology of your study.

What will participants be expected to do in this study?

Specify any surveys or instruments to be administered to participants.

Specify any treatments, conditions, or interventions given to participants.

1. **Potential risks or discomforts to participants:** (should be minimal for most studies).

If your study asks questions or uses interventions that could prompt a negative emotional reaction, distress, or a traumatic episode, a statement like this is REQUIRED:

Shippensburg University students serving as participants in this study who wish to access mental health support during or after participating in this study are encouraged to contact the Shippensburg University’s University Counseling Center (UCC). The UCC is located on the ground floor of Naugle Hall within the Wellness Center, its phone number is (717) 477-1481, and its regular hours of operation are Monday - Friday, 8:30am - 5:00pm.

Shippensburg University students serving as participants in this study as well as other participants not affiliated with SU who would like access to mental health resources 24-7 may call the national suicide prevention lifeline at 1-800-273-TALK (8255), or text HOME to 741741 to connect with a Crisis Counselor. Other mental health resources include NAMI’s helpline: 1-800-950-NAMI (6264), SAMHSA’s National Helpline at [1-800-662-HELP (4357)](tel:1-800-662-4357) or [1-800-487-4889](tel:1-800-487-4889), which is a confidential, free, 24-hour-a-day, 365-day-a-year, information service, in English and Spanish, for individuals facing mental and/or substance use disorders. The following weblink provides a list of area mental health service providers: <https://findtreatment.samhsa.gov/>. In the event of what you believe to be a life-threatening mental health emergency, do not hesitate to contact 911 for immediate assistance.

If the study is occurring in a school-based setting and involves elementary or middle school aged children, list the name and contact information of the School Counselor assigned to the student as a possible resource instead of the preceding mental health-related information. If the study involves high school students, provide the information from the preceding paragraph about the Suicide Helpline/NAMI/and SAMHSA as well as the name and contact information for the School Counselor assigned to the participant.

1. **Potential benefits to participants:** Outline any, if applicable.
2. **Duration/time requirement for participants:** provide a rough estimate of the time commitment for participants.
3. **Confidentiality and anonymity protections provided to participants:** Address these questions:

Will participants be assigned an anonymous code or pseudonym on applicable data files to help disguise their identity?

Are data going to be reported in aggregate or will individual cases be reported? If any individual cases are reported, demographic descriptors that could be used to triangulate the participant’s identity cannot be reported with it.

How will hardcopy documents (if used) and electronic data files (if used) be safeguarded? Please provide an explanation of the security procedures for warehousing the hardcopies of data documents (e.g. stored in a lockable file cabinet? stored in a lockable office?), and who has access to/owns these keys.

If data will be stored as an electronic data file and/or analyzed electronically with any kind of statistical software or qualitative transcription software, please provide information about how this electronic data will be stored and protected. Will data files be shared during the publication or presentation of the results? If so, explain how.

Are computers, networks, or data storage devices password protected?

Who will have access to the computers or data storage devices that hold the data file?

Who will be given the passwords to access the data file?

All computers used to access and/or store data must have an automatic log-out feature after being idle for 5+ minutes.

Will the data be encrypted? Encryption is NOT necessary, but it recommended for highly sensitive data.

IP addresses should NOT be collected by online surveyors.

1. **A description of incentives, payments, or rewards provided to participants, if any:** None?
2. **Contact information:** [Name, title, email address, phone number]
   1. Your name, Principal Investigator, Ship email address, do not use your personal cell phone number.
   2. The name of your research advisor (if a student), Research Advisor, ship email address, ship office p #
   3. The name of the current IRB Chair, IRB Chair, [IRB@ship.edu](mailto:IRB@ship.edu), phone #
3. **Voluntary Participation:** Participation in this study is voluntary and parents/legal guardians can withdraw their child at any time without penalty. In addition, for survey-type research, participants may choose not to answer any item(s) that they do not wish to answer.
4. **Eligibility:** Parents or legal guardians providing consent for their child to participate in this study must themselves be 18 years of age or older. By completing this form, you are attesting to your status as a legal adult and are consenting to your child’s participation in this study but may withdraw him/her/they at any time.

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Parent or legal guardian’s name (printed)

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Child’s name (printed)

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Parent or legal guardian’s signature Date