

**INFORMED CONSENT AGREEMENT
(PARENT/CHILD)**

Please read this consent agreement carefully before you decide to participate in the study.

The **purpose of this research study** is *[Brief description]*

What your child will do in the study is ... *[Describe procedure, include any media recordings]*

The **time required** for your child's participation will be **X Y-** to **Z**-minute session on **A** separate days. These would be spread out over a period of **B** to **C** weeks.

There are no direct **benefits** to you or your child for participating, other than that children typically enjoy ... *[insert]* and may learn... *[insert]* The study may improve our understanding of... *[insert]* There are no anticipated **risks** to your child for participating.

The information that your child provides in the study will be kept completely **confidential**. Each child will be assigned a code number, and the list connecting his/her name to this code will be kept in a locked file. When the study is completed and the data have been analyzed, this list will be destroyed. Your child's name will never be used in any report of this research.

You and your child's participation in this study is completely **voluntary**. You and/or your child have the **right to stop the study or withdraw** at any time without penalty. **If at any point you or your child want to stop participating or to withdraw from the study**, simply tell the researcher. Your child will not have to continue participating, and all data from your child's session will be destroyed. There is no penalty for withdrawing, and there will be no impact of withdrawal on your child's educational experience in the daycare/preschool *[if applicable]*.

There is **no payment** for parents or children participating in the study.

For questions about the study, contact: *[PI name, title, address, phone number, and email]*

For questions about your rights in the study, contact: Dr. Murray Haar, Academic Dean; Augustana College; 2001 S Summit Ave.; Sioux Falls, SD 57197. Phone: (605) 274-5417; Email: murray.haar@augie.edu

Agreement:

YES, I have read the above information and **agree** to my child's participation in the study described above.

Your name (print) _____

Your name (signature): _____ **Date:** _____

Child's Name: _____ **Child's Birthdate (month/day/year):** _____

You will receive a copy of this consent form for your records.

Thank you for your participation!