

**SAMPLE PERMISSION FORM FOR PARENTS/GUARDIANS OF MINORS-  
REVISE AS NEEDED**

(Departmental letterhead recommended, but not mandatory)

Your child/ward is invited to participate in a research study titled (insert title) being conducted by (researcher(s) name), a faculty member/graduate student at Northern Illinois University.

The purpose of this study is to (insert purpose in lay language).

Your child's/ward's participation in this study will last (explain duration). He or she will be asked to (explain details of subject's involvement).

The following are the foreseeable risks and/or discomforts your child/ward could potentially experience during this study: (if any risks)

The benefit(s) your child/ward may personally receive from participating in this study is (are) (explain benefits, if any, including benefits, if any, to the world in general).

In the event of a research-related medical emergency or if your child/ward should experience an adverse reaction, please immediately contact (name and telephone number of person to contact) (or state arrangements to handle an emergency).

Although Northern Illinois policy does not provide for compensation for treatment of any injuries that may result from participation in research activities, this should not be construed as a waiver of any legal rights or redress you or your child/ward might have as a result of participation in this study.

Information obtained during this study may be published in scientific journals or presented at scientific meetings, but that any information which could identify your child/ward will be kept strictly confidential (or explain procedures to assure anonymity).

Participation in this study is voluntary. Your decision whether or not to allow your child/ward, as well as his or her assent to participate will not negatively affect you or your child/ward. Your child/ward will be asked to indicate individual assent to be involved immediately prior to participation, and will be free to withdraw from participation at any time without penalty or prejudice.

Any questions about the study should be addressed to (name, address and telephone number of researcher and, if student, faculty advisor).

If you wish further information regarding your rights or your child's/ward's rights as a research subject, you may contact the Office of Research Compliance at Northern Illinois University at (815) 753-8588.

I agree to allow my child/ward to participate in this research study and acknowledge that I have received a copy of this consent form.

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Signature of Parent/Guardian

Date