### Bolded elements must be included in your consent form

* Consider using large font if you anticipate recruiting participants with visual impairments, e.g., older populations, or for eye studies

**DESCRIPTION:**

Your child is invited to participate in a research study on *(Describe project in non-technical language; include types of questions that will be asked, if applicable; explain purpose of the research.)*. Your child will be asked to *(Describe procedures; mention video/audio taping, if applicable, and what will become of tapes after use, e.g., shown at scientific meetings; describe the final disposition of the tapes)*.

*(If applicable)* An interpreter will be used in this study. Describe:

1. How you will guarantee that the bilingual interpreter will maintain the confidentiality

of subjects

2. Who the interpreter works for, and

3. How the interpreter was recruited for your study.

**RISKS AND BENEFITS**:

The risks associated with this study are *(Describe foreseeable risks or discomfort to subjects; if none, state as such)*. The benefits which may reasonably be expected to result from this study are *(Describe any benefits; if none, state as such)*. We cannot and do not guarantee or promise that your child will receive any benefits from this study.

*(If applicable)* Your decision whether or not to allow your child to participate in this study will not affect your child's grades or participation in school.

.

**TIME INVOLVEMENT:**

Your child’s participation in this experiment will take approximately *(amount of time)*.

**PAYMENTS:**

Your child will receive *(Describe reimbursement; where there is none, state as such)* as payment for their participation.

**SUBJECT'S RIGHTS:**

If you have read this form and have decided to allow your child to participate in this project, please understand your child’s participation is voluntary and your child has the right to withdraw their consent or discontinue participation at any time without penalty or loss of benefits to which they are otherwise entitled. Your child has the right to refuse to answer particular questions. The results of this research study may be presented at scientific or professional meetings or published in scientific journals. Your child’s individual privacy will be maintained in all published and written data resulting from the study.*(If identities will be disclosed, provide details: If you agree, your child’s identity will be made known in all written data resulting from the study.)*

\*If this research study collects identifiable private information, include one of the two following statements:

Identifiers might be removed from identifiable private information and, after such removal, the information could be used for future research studies or distributed to another investigator for future research studies without additional informed consent from you.

OR

Your private information collected as part of the research, even if identifiers are removed, will not be used or distributed for future research studies.

**CONTACT INFORMATION:**

*Contact information should include the following as appropriate. Starred (\*) paragraphs are required verbatim, except as noted below:*  
**\***Questions, Concerns, or Complaints: If you have any questions, concerns or complaints about this **research study**, its procedures, risks and benefits, you should ask the Protocol Director, (*name, email address, and phone number of Protocol Director).*

**\***Independent Contact: If you are not satisfied with how this study is being conducted, or if you have any concerns, complaints, or general questions about the research or your rights as a participant, please contact the Stanford Institutional Review Board (IRB) to speak to someone independent of the research team at 650723-2480 or toll free at 1-866-680-2906, or email at [irbnonmed@stanford.edu](mailto:irbnonmed@stanford.edu). You can also write to the Stanford IRB, Stanford University, 1705 El Camino Real, Palo Alto, 94306.

*(If applicable)*Appointment Contact: If you need to change your appointment, please contact (*name*) at (*phone number*).

*(If applicable)*Alternate Contact: If you cannot reach the Protocol Director, please contact (*name*) at (*phone number and/or pager number*).

The paragraph below must be included in all studies involving COVID-19 research.

**\***The federal government has issued a Declaration that may limit your right to sue if you are injured or harmed while participating in this COVID-19 study. If the Declaration applies, it limits your right to sue researchers, healthcare providers, any study sponsor, manufacturer, distributor or any other official involved with the study. However, the federal government has a program that may provide compensation to you or your family if you experience serious physical injuries or death. To find out more about this “Countermeasures Injury Compensation Program” please go to <https://www.hrsa.gov/cicp/about/index.html> or call 1-855-266-2427.

*Include as applicable:*

Indicate ***Yes*** or ***No***:

I give consent for my child to be audiotaped during this study:

\_\_\_\_\_ Yes \_\_\_\_ No

I give consent for my child to be videotaped during this study:

\_\_\_\_\_ Yes \_\_\_\_ No

I give consent for tapes resulting from this study to be used for *(describe proposed use of tapes*):

\_\_\_\_\_ Yes \_\_\_\_ No

I give consent for my child’s identity to be revealed in all written data resulting from this study:

\_\_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature(s) of Parent(s), Guardian or Conservator Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Parent(s), Guardian or Conservator

**The extra copy of this signed and dated consent form is for you to keep.**