



PARENTAL CONSENT FORM FOR CHILD PARTICIPANTS IN RESEARCH

Parent's/Guardian's Phone: _____ Parent/ Guardian's E-mail: _____

Child's Age: _____ Parent's/Guardian's Preferred Method of Contact: _____

Purpose and Description: The primary purpose of this study is to understand your child's experiences with different groups and organizations they're a part of so we can better understand what life is like for your child. For this study, they will be interviewed at a time and place of their convenience. The interview is expected to take 30-60 minutes.

This interview will be audio recorded. In order to maximize confidentiality, **your child's name will not be used** on the recording by the researcher, and you will be assigned a unique numerical identifier and a pseudonym. Additionally, your child's interview, transcription and other information collected will be stored in secured, password protected hard drives or in locked filing cabinets at the researcher's office. Additionally, voice recordings will be erased three years after publication of research results. By signing this form, you consent to the use of any or all of the quotes or information derived from your child's interview as part of the study and any resulting research reports, in all formats. Research reports from the study will be used in Springtide publications.

Participation is voluntary. You may decide that your child should not participate in this study and if your child begins participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask any questions, please sign below if your child would like to participate in this research. A copy of this form will be given to you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Office of Human Resources for Springtide Research Institute at 702 Terrace Heights, Winona, MN 55987, 507-457-7900.

Please complete the forms below:

Each of the undersigned represents that he or she is the parent or guardian of the study participant, who is _____ years of age. As parent or guardian, each of the undersigned hereby approves of and consents and agrees to the terms in this Consent Form.

Child's Name:

First

Last



Child's Contact if different than Parent(s):

Address

City, State, Zip

Phone

Parent's Address Information:

Address

City, State, Zip

Parent or Guardian Signature*

Date

**The parties agree that this agreement may be electronically signed. The parties agree that the electronic signatures appearing on this agreement are the same as handwritten signatures for the purposes of validity enforceability and admissibility.*