Project Title: Type here.

**Your child is invited to take part in a research study being conducted by NAME, a researcher from Texas A&M University-Kingsville and funded by program. The information in this form is provided to help you decide whether or not you wish your child to take part. If you decide your child can take part in the study, you will be asked to sign this consent form. If you decide your child will not participate, there will be no penalty to you and your child, and you and your child will not lose any benefits you normally would have.**

**Why Is This Study Being Done?**

The main purpose of this study is to assess type here

**Why Is Your Child Being Asked To Be In This Study?**

Your child is being asked to be in this study because type here.

**How Many Children Will Be Asked To Be In This Study?**

Approximately 000 children will be invited to participate in this study locally.

**Are there Alternatives to being in this study?**

No, the alternative to being in the study is not to participate.

**What Will My Child Be Asked To Do In This Study?**

Explain here

**Will Photos, Video or Audio Recordings Be Made Of My Child during the Study?**

Please answer

**Are There Any Risks To My Child?**

The things that your child will be doing are no more/greater than risks than he/she would come across in everyday life or in a regular school day

**Are There Any Benefits To My Child or Me?**

Please answer, should match information from Form A

**Will There Be Any Costs To Me?**

Please answer, should match information from Form A

**Will I or My Child Be Paid To Be In This Study?**

Please answer, should match information from Form A

**Will Information From This Study Be Kept Private?**

Please answer, should match information from Form A

**Who may I Contact for More Information?**

You may contact the Principal Investigator, NAME., to tell him/her about a concern or complaint about this research at PHONE or email

For questions about your rights as a research participant, to provide input regarding research, or if you have questions, complaints, or concerns about the research, you may call the Texas A&M University-Kingsville Institutional Review Board at the Office of Research and Graduate Studies by phone at 361-593-2677 (please leave a message if there is no answer), or by email at [ResearchCompliance@tamuk.edu](mailto:ResearchCompliance@tamuk.edu).

**What if I Change My Mind About My Child Participating?**

This research is voluntary and you have the choice of whether or not your child participates in this research study. You may decide to not let your child begin or to stop participation at any time. If you decide that your child should not to be in this study or stop being in the study, there will be no effect on your student status, medical care, employment, evaluation, relationship with Texas A&M University-Kingsville, etc. Any new information discovered about the research will be provided to you. This information could affect your willingness to continue your participation.

**STATEMENT OF CONSENT**

**I agree to let my child participate in this study and know that I am not giving up any legal rights by signing this form and I certify that I, personally, am 18 years of age or older. The procedures, risks, and benefits have been explained to me, and my questions have been answered. I know that new information about this research study will be provided to me as it becomes available and that the researcher will tell me if my child must be removed from the study. I can ask more questions if I want. A copy of this entire consent form will be given to me.**

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| Subject’s Guardian’s Signature |  | Date |
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| Printed Name of Guardian |  | Date |
| **INVESTIGATOR'S AFFIDAVIT**:  Either I have or my agent has carefully explained to the parent and child the nature of the above project. I hereby certify that to the best of my knowledge the person who signed this consent form was informed of the nature, demands, benefits, and risks involved in his/her participation. | | |
|  |  |  |
| Signature of Investigator |  | Date |
|  |  |  |
|  |  |  |
| Printed Name of Investigator |  | Date |

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| **THIS RESEARCH PROJECT HAS BEEN REVIEWED & APPROVED BY THE TEXAS A&M**  **UNIVERSITY—KINGSVILLE INSTITUTIONAL REVIEW BOARD FOR THE PROTECTION OF HUMAN SUBJECTS. FOR QUESTIONS, COMPLAINTS, OR CONCERNS ABOUT THE RESEARCH, YOU MAY CONTACT THE OFFICE OF RESEARCH AND GRADUATE STUDIES BY PHONE AT 361-593-2677, OR BY EMAIL AT**  [ResearchCompliance@tamuk.edu](mailto:ResearchCompliance@tamuk.edu) |
| **Protocol #: 0000-000 / 00000** |