**Parental Consent Form**

Dear parent,

I am [name], currently engaged as a [student, teacher, or staff] at [University/Institution Name]. In addition, I occupy the role of [describe current employment or relevant position]. The focus of my research project is to [summarize the research goal in layman's terms within a single sentence].

Eligibility for your child to partake in this study is contingent upon meeting the following conditions:

1. [Provide a comprehensive list of the criteria required for participation in the study].

The study aims to involve [indicate the total number of children targeted] as participants.

Should your child decide to participate, the study will require them to:

[List each procedure they will undergo, including the estimated time commitment for each].

It is important to note that participation in each activity is not mandatory; your child is at liberty to abstain from any part of the study they choose not to complete. Moreover, they retain the right to withdraw from the study at any point without consequence.

Participation in this research is entirely voluntary. Deciding against participation or later withdrawing your child from the study will not result in any form of penalty. Your child is free to decline participation or withdraw from the study at any time, without any repercussions. Although the results of the study will be made public, your child’s identity will not be disclosed. In order to ensure the confidentiality of your child's information, I will [explain the measures taken to protect confidentiality]. In compliance with federal laws, these records will be kept for a minimum duration of three years.

**Please select one of the following statements to include in your document:**

* While this study may not provide direct benefits to your child, it could yield insights that may benefit other children with [topic] in the future.
* This study is expected to benefit your child by [describe how], in addition to generating knowledge that could assist other children with [topic] in the future.
* This study is designed to enhance our understanding of [topic].

Please select an appropriate statement to include in your form based on the study's level of risk:

* For studies presenting minimal risk: I do not foresee any issues arising from this research, however, it is possible that your child might encounter [specify possible risks or discomforts].
* For studies presenting more than minimal risk: There is a possibility that your child could be exposed to [detail potential risks]. Efforts will be made to minimize these risks by [explain how].

Should you feel any coercion regarding your child’s participation, or if you have inquiries about this research, kindly contact me at [phone number].

For questions related to your child’s rights as a participant in this research, please direct your emails to the Institutional Review Board at [info@beyondbound.org].

Your signature below indicates your consent for your child’s participation in this research. For your records, retain a copy of this form.

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_