

# Example of a Parental Consent Document

## TO TELL THE TRUTH

### **Your Child Can Help**

Your child is invited to be in a research study about expectations regarding telling the truth and lying. Your child was selected as a possible participant because s/he is in the age range we are interested in studying. We ask that you read this form and ask any questions you may have before agreeing to have your child in this study.

### **The Study**

The purpose of this study is to uncover when and why people begin to expect others to lie. It is also designed to explore which persons are typically expected to lie and which persons are typically expected to tell the truth. If you agree to have your child in this study, your child will be asked to complete a 60-answer questionnaire. Your child will be asked to rate to what degree s/he expects certain individuals to tell the truth or to lie. S/he will also be asked for a description of why s/he answered in a particular way. Examples of individuals your child will be asked to rate include politicians, salespeople, teachers, parents, etc. The questionnaire will take approximately 1 hour to complete.

### **Risks & Benefits**

The only risks involved with this study involve the possibility that questions regarding parents/teachers lying or telling the truth may be considered sensitive. Each child participating in this study will receive a small book or toy, regardless of whether or not she or he completes the questionnaire or withdraws from participation early.

### **Confidentiality**

The records of this study will be kept private. Since questionnaires will ask only for gender and age, it has been made impossible to identify your child. Consent and Assent documents will be kept securely along with results for 7 years after completion of this study.

### **Voluntary Nature/Questions**

Your decision whether or not to allow your child to participate will not affect your current or future relations with (*ORGANIZATION*). If you decide to allow your child to participate, you are free to withdraw your child at any time without affecting the relationship. Furthermore, your child may also refuse to participate or discontinue participation at any time. The researcher conducting this study is (*PI's name*). You may ask any questions you have now. If you have any questions later, you may contact us at (*Telephone Number*). If you have any questions concerning your child's rights as a research subject, you can call the Department of State Health Services Institutional Review Board at 1-888-777-5037.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Signature of Investigator \_\_\_\_\_ Date \_\_\_\_\_