**Informed Consent Document Template**

*The following template can be used to develop a consent form. It should be edited as appropriate for the research and written in terms comprehensible to the intended respondent. A detailed description of the basic elements of informed consent is available in the CPHS Policy and Procedures Handbook.*

**Purpose:** You are invited to participate in a study conducted by [*name of investigators and affiliations*]. We hope to learn [*state what the study is designed to discover or establish*]. You were selected as a possible participant in this study because [*state why the subject was selected*].

**Procedures:** If you decide to participate, we will [*describe the research procedures, including their purposes, how long they will take, and their frequency*].

**Risks:** [*Describe any potential risks, discomforts, or inconveniences associated with the research procedures*].

**Benefits:** [*Describe benefits reasonably expected*]. However, we cannot guarantee that you will receive any direct benefits from this study. [*Describe appropriate alternative procedures, if any, that might be advantageous to the respondent. Any standard treatment that is being withheld must be disclosed.*]

**Confidentiality:** Any information obtained in connection with this study that can be identified with you will remain confidential and be disclosed only with your permission or as required by law. [*Statement on mandated reporting, as relevant:* We will keep your (your child’s) study data as confidential as possible, with the exception of certain information that we must report for legal or ethical reasons, such as suspected child abuse or neglect or suspected elder abuse or neglect.] We will keep your data private by [*describe any data protection measures to be taken.*]

**Compensation:** [*If the respondent will receive compensation, describe the amount or nature.*] [*Describe any potential participation costs to the subject.*]

Your decision whether or not to participate will not affect your relationship with California State University, Fresno [*and cooperating agencies or institutions, if any*]. If you decide to participate, you are free to withdraw your consent and to discontinue participation at any time without penalty. The Committee for the Protection of Human Subjects at California State University, Fresno has reviewed and approved this research.

If you have any questions, please ask us. If you have any additional questions later, [*give name, phone number, and email address of lead study contact*] will be happy to answer them. Questions regarding the rights of research participants may be directed to Dr. Jennifer Randles, Chair, California State University, Fresno, Committee for the Protection of Human Subjects, (559) 278-4468, [jrandles@csufresno.edu](mailto:jrandles@csufresno.edu).

You will be given a copy of this form to keep for your records. You are making a decision whether or not to participate. Your signature indicates that you have read the information provided above and decided to participate in this research.

Printed Name: Date:

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Signature: Signature of Parent/Guardian (if applicable):

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