**Berry College**

**Sample Parental/Guardian Letter of Consent for Minors**

Instructions: Modify this letter to fit your specific project. All information in **red** must be deleted after you have modified that section to fit your project. This consent form needs to be printed on appropriate letterhead.

Dear Parent/Guardian:

My name is [put your name here] and I am [put your position here] at Berry College. I am conducting a research study to [state the purpose of your study here].

I am requesting your child’s participation, which will involve [describe your project and what you will be doing with the children; involve the expected duration of the participation and where the study will take place].

Your child’s participation in this study is voluntary. If you choose not to allow your child to participate or to withdraw your child from the study at any time, there will be no penalty [it will not affect your child’s grade/treatment/care, which ever applies to your study]. The research study may be published, but your child’s name will not be used.

Although there may be not direct benefit to your child, the possible benefit of your child’s participation is [state possible benefits to you or if there will be benefits to the child, adjust this statement]. There are no known risks involved in this study and your child will not receive any compensation for his/her participation.

If you have any questions concerning the research study or your child’s participation in this study, please call me at [your contact information], or you may contact Dr. [name] at [contact information for faculty advisor if applicable]. If you have any questions about your child’s rights as a participant, please contact members of the Berry College Institutional Review Board, at (706) 290-2163.

This letter will serve as a consent form for your child’s participation and will be kept in the [Faculty’s Department] Department at Berry College. Please have your child return this form to his/her teacher by [date]. If you would like to receive a copy of the project final report, please let me know.

Sincerely,

[Researchers Name and Signature above]

**Statement of Consent**

I read the above consent information in which the nature, demands, risk, and benefits of the project have been explained to me.  I am aware that I have the opportunity to ask questions about this research.  I understand that I may withdraw my consent and discontinue my child’s participation at any time without penalty.  In signing this form, I am not waiving any legal claims, rights, or remedies.

*Child’s Name*

*Signature of Parent or Legal Guardian Date*