# Parent permission form

## Department of

### Title of Study:

### Investigator(s):

### Contact Phone Number:

If you are conducting face-to-face procedures, please keep the statement in the box OR delete this entire section if you are not conducting face-to-face procedures

***It is unknown as to the level of risk of transmission of COVID-19 if you decide for your child to participate in this research study. The research activities will utilize accepted guidance standards for mitigating the risks of COVID-19 transmission: however, the chance of transmission cannot be eliminated.***

#### Purpose of the Study

Your child is invited to participate in a research study. The purpose of this study is      .

#### Participants

Your child is being asked to participate in the study because      .

#### Procedures

If you allow your child to volunteer to participate in this study, your child will be asked to do the following:

#### Benefits of Participation

There Click & Choose One be direct benefits to your child as a participant in this study. However, we hope to learn      .

#### Risks of Participation

There are risks involved in all research studies. This study may include only minimal risks. *State the level of anticipated risks (i.e. you may become uncomfortable when answering some questions).*

#### Cost /Compensation

There Click & Choose One be financial cost to your child to participate in this study. The study will take       Click & Choose One of your child’s time. Your child Click & Choose One be compensated for their time.

#### Contact Information

If you or your child have any questions or concerns about the study, you may contact       at **.** For questions regarding the rights of research subjects, any complaints or comments regarding the manner in which the study is being conducted you may contact **the UNLV Office of Research Integrity – Human Subjects at 702-895-0020, or via email at IRB@unlv.edu.**

#### Voluntary Participation

Your child’s participation in this study is voluntary. Your child may refuse to participate in this study or in any part of this study. Your child may withdraw at any time without prejudice to your relations with the university. You or your child is encouraged to ask questions about this study at the beginning or any time during the research study.

#### Confidentiality

All information gathered in this study will be kept as confidential as possible. No reference will be made in written or oral materials that could link your child to this study. All records will be stored in a locked facility at UNLV for       years after completion of the study. After the storage time the information gathered will be      .

#### Participant Consent:

I have read the above information and agree to participate in this study. I am at least 18 years of age. A copy of this form has been given to me.

Signature of Parent Child’s Name (Please print)

Parent Name (Please Print) Date