**UNIVERSITY OF DAYTON**

**Parental Consent for Minor/Child to Participate in a Research Project**

|  |  |
| --- | --- |
| Project Title: |  |
| Investigator(s): |  |
| Description of Study: |  |
| Adverse Effects and Risks: |  |
| Duration of Study: |  |
| Confidentiality of Data: |  |
| Contact Person: | Parents or guardians of participants may contact:  [insert student researcher name, campus e-mail, and phone number]  [insert faculty researcher name, campus e-mail, and phone number]  If you have questions about your rights as a research participant you may also contact the University of Dayton’s Institutional Review Board at (937) 229-3515 or [IRB@udayton.edu](mailto:IRB@udayton.edu). |

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Student’s Full Name (please print)

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Parent’s Full Name (please print)

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Parent or Guardian Signature Date