

**OPT-OUT FORM TO EXCLUDE A CHILD FROM A RESEARCH STUDY**

**(TO BE FILLED OUT BY A PARENT OR LEGAL GUARDIAN)**

**PLEASE NOTE: Your child will be included in the research study described below if you do not sign and return this form by [MM/DD/YYYY].** *(PIs should allow 3 to 5 days after IRB approval and sending of the form for parents to review and respond]*

Investigator: [PI name, work address, email, and phone if relevant]

Title of Study:

Purpose of Study: This research study is designed to [brief statement describing the study]

Procedures: **Unless you sign and return this form**, your child will be asked to [briefly describe what the participants will have to do as part of the research]

Benefits: Include possible benefits to participants [if none, state so]

Risks: State possible risks [if none, state “None greater than those of daily life.”]

Costs/incentives: List incentives, and/or costs beyond daily life [if none, state so. **Make sure to explain what non-participants will do while the study is being conducted, and what measured will be taken so they are not be penalized for not participating.**]

Confidentiality [Describe any mention of identifying information in the data, the use of codes or pseudonyms, whether or not they are linked to identifying information. Describe storage and security procedure for physical and electronic data.]

Use of information: [List reports, presentations, school assignments, publications, etc that will use the project data. Mention whether or not identifying information will be included in these documents.]

Voluntary You may withdraw your child from the study at any time, or decline to allow

participation your child to participate, without any penalty.

Signature: **By signing this form, I indicate that I do NOT wish for my child to be included in the study described in this form.** I understand that additional questions regarding the study, participant rights, or other concerns, should be directed to [name and email of faculty advisor for student PIs; name and email of IRB Chair for faculty and staff PIs].

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Signature of the parent/guardian Date