

## Parental Consent Letter for Minors

Dear Parent:

My name is Dr. Mary Gerend. I am a professor in the College of Medicine at Florida State University (FSU). I am conducting a research study to understand student's attitudes and beliefs about health behaviors. The title of the study is "**Behavior and Action.**"

Your child's participation in this study will involve coming to my laboratory in the FSU College of Medicine for a baseline session and then filling out a survey online. During the baseline session your child will be asked to fill out some surveys on the computer and to read a pamphlet about a health behavior (e.g., proper dental care). The baseline session will last approximately 20-25 minutes. One week later, your child will be asked to complete a brief (less than 5 minute) follow-up survey online through a secure website.

Your participation, as well as that of your child, in this study is voluntary. If you or your child choose not to participate or to withdraw from the study at any time, there will be no penalty, (it will not affect your child's grade).

All of your child's survey responses will be confidential to the extent allowed by law. The survey will ask your child to report his/her name, email address, and telephone number so that the study team can send him/her the online survey one week after he/she participates. To ensure that survey responses remain confidential, the researchers will store contact information (name, email, phone number) separately from the rest of the responses. Thus, data will be associated with a subject number, rather than your child's name. Research results may be published, but your child's name will not be revealed. All data relevant to the study will be stored in a secure data base that is password protected. Any data collected with paper surveys (if the computers or online survey system are down) will be stored in a locked file cabinet in the researcher's lab. Data will be kept for 10 years.

Although there may be no direct benefit to your child, the possible benefit of your child's participation is learning about the importance of health protective behaviors. Your child will earn research credit or extra credit for participating in the study.

If you have any questions concerning this research study or your child's participation in the study, please call me at (850) 645-1542.

Sincerely,

Mary A. Gerend, Ph.D.

\* \* \* \* \*

I give consent for my child (insert child's name here) \_\_\_\_\_ to participate in the above study.

Parent's Name: \_\_\_\_\_

Parent's Signature \_\_\_\_\_ (Date) \_\_\_\_\_

If you have any questions about your child's rights as a subject/participant in this research, or if you feel that he/she has been placed at risk, you can contact the Chair of the Human Subjects Committee, Institutional Review Board, through the Vice President for the Office of Research at (850) 644-8633.