



Informed Consent for Participation in a Research Study

Researcher(s)/
Principal Investigator(s):

Study Title:

Name of participant: _____ Age: _____

1. The following information is provided to inform you about the research project/study and your participation in it. Please read this form carefully, ask any questions you may have about this study and the information given below, and be sure you receive answers to your questions before signing this consent form (a copy of which will be given to you).

2. Purpose of this study:

The purpose of the study is

You are being asked to participate in a research study because

3. The approximate duration of your participation in the study:

4. Procedures to be followed for this study:

Participant's initials: _____

RERC approval number:

This form is valid for one year from approval date. Approval date:

10. In case of study-related injury: If this study involves more than minimal risk to you, the following compensation and/or medical treatments are available if injury occurs:

11. Contact information: If you have any questions about this research study, your rights, or if you experience a study related injury, please contact:

at

or if principal researcher is a student, Faculty Advisor for this study:

at

If you have additional questions or concerns that are not answered by the above person(s), feel free to contact the Judson College Research Ethics Review Committee Chair:

Ms. Angela Dennison, LMSW, ACSW

(334)683-5192

adennison@judson.edu

12. Your participation in this research study is **voluntary**. You are **free to withdraw** from this study at any time without penalty. In the event new information becomes available that may affect the risks or benefits associated with this research study or your willingness for you to participate in it, you will be notified so that you can make an informed decision whether or not to continue participation in this study. Circumstances under which the Principal Investigator may withdraw you from study participation:

STATEMENT BY PERSON AGREEING TO PARTICIPATE IN THIS STUDY:

I have read this informed consent document and the material contained in it has been explained to me verbally. All my questions have been answered, and I freely and voluntarily choose to consent to participation in this study. I have received a copy of this consent form.

Printed name of Participant

Signature of Participant

Date

Use this signature section only if research includes participants under the age of 18 to obtain assent of participant and consent of adult guardian.

SIGNATURE OF ASSENT(Child-under 18 years of age)/CONSENT(by Adult Legal Guardian) SUBJECT:

I have read the information in this consent form including risks and possible benefits. I have been given the chance to ask questions. My questions have been answered to my satisfaction, and I agree to participate in the study.

Signature of Participant

Date

SIGNATURE OF PARENT(S)/GUARDIAN FOR CHILD:

I give my consent for my child to take part in this research study and agree to allow his/her health information to be used and shared as described above.

Signature of Parent/Guardian

Date

Consent obtained by:

Printed name

Title

Signature

Date