

## **Guardian Permission for Children Participation in Research**

### **Title: Fatherhood Study**

The purpose of this document is to secure parental permission for their children to be interviewed as part of the customer feedback that will inform communication materials that will be used as part of a national media campaign. Responses are voluntary and will be kept private.

### **Introduction**

The purpose of this form is to provide you (as the parent or guardian of a prospective research study participant) information that may affect your decision as to whether or not to let your child participate in this research study. The person performing the research will describe the study to you and answer all your questions. Read the information below and ask any questions you might have before deciding whether or not to give your permission for your child to take part. If you decide to let your child be involved in this study, this form will be used to record your permission.

### **Purpose of the Study**

If you agree, your child will be asked to participate in a research study about fatherhood involvement. The purpose of this study is to understand modern fathers' experiences and challenges.

### **What is my child going to be asked to do?**

If you allow your child to participate in this study, they will be asked to: Participate in a phone interview with a researcher.

This study will take an hour of time.

Your child will be audio recorded.

### **What are the risks involved in this study?**

There are no foreseeable risks to participating in this study.

### **What are the possible benefits of this study?**

Your child will receive no direct benefit from participating in this study; however, they will help us better understand and address the challenges modern fathers face.

### **Does my child have to participate?**

No, your child's participation in this study is voluntary. Your child may decline to participate or to withdraw from participation at any time. You can agree to allow your child to be in the study now and change your mind later without any penalty.

**What if my child does not want to participate?**

In addition to your permission, your child must agree to participate in the study. If your child does not want to participate, they will not be included in the study and there will be no penalty. If your child initially agrees to be in the study, they can change their mind later without any penalty.

**Will there be any compensation?**

[You/Your child] will receive [\$XX]. Payments will occur following the end of the phone interview.

**How will your child's privacy and confidentiality be protected if s/he participates in this research study?**

Your child's privacy and the confidentiality of his/her data will be protected by using only first name and last initial. Nothing will connect your child's responses to his identity.

Your child's research records will not be released without your consent unless required by law or a court order. The data resulting from your child's participation may be made available to other researchers in the future for research purposes not detailed within this consent form. In these cases, the data will contain no identifying information that could associate it with your child, or with your child's participation in any study.

If you choose to participate in this study, your child will be audio recorded. Any audio recordings will be stored securely and only the research team will have access to the recordings. Recordings will be kept for 30 days and then erased.

**Whom to contact with questions about the study?**

Prior, during or after your participation you can contact the researcher **Ben Zeidler** at **267-242-6260** or send an email to **ben@nonfiction.co** for any questions or if you feel that you have been harmed.

**Whom to contact with questions concerning your rights as a research participant?**

For questions about your rights or any dissatisfaction with any part of this study, you can contact, anonymously if you wish, Nonfiction Research at [hello@nonfiction.co](mailto:hello@nonfiction.co).

**Signature**

You are making a decision about allowing your child to participate in this study. Your signature below indicates that you have read the information provided above and have decided to allow them to participate in the study. If you later decide that you wish to withdraw your permission for your child to participate in the study you may discontinue his or her participation at any time. You will be given a copy of this document.

**NOTE: Include the following if recording is optional:**

\_\_\_\_\_ My child MAY be [audio and/or video] recorded.

\_\_\_\_\_ My child MAY NOT be [audio and/or video] recorded.

\_\_\_\_\_  
Printed Name of Child

\_\_\_\_\_  
Signature of Parent(s) or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Investigator

\_\_\_\_\_  
Date