

ASHOKA UNIVERSITY

Department of [Insert name]

Parent/Guardian Consent Form

Primary Investigator: [Insert the name of the professor/supervisor]

Student Researcher(s):

Title of Project:

I acknowledge that on _____, I was informed by [Insert the name of the professor or administrator] of Ashoka University of a research project having to do with the following:

[In this section, please:

- 1) overview the nature of the research project;
- 2) overview the basic procedures/types of questions and the participant's role;
- 3) explain how confidentiality will be maintained;
- 4) describe the approximate duration of participation;
- 5) provide contact information (e.g., e-mail and phone number of the primary investigator) and state that participants may contact the PI with questions or concerns.]

Potential Risks: [Describe any potential risks and the level of risk, which cannot be less than minimal, i.e., comparable to that posed by normal daily activities]

Potential Benefits: [Describe any potential benefits. In most cases, the participant will not benefit in any direct way from participation. Course credit, compensation, and contributions to the knowledge base are not included in this section.]

I am aware, to the extent specified above, of the nature of my child's participation in this project and the possible risks involved or arising from it. I understand that I may withdraw my child's participation in this project at any time without prejudice or penalty of any kind. I hereby agree to allow my child to participate in the project. (You must be at least 18 years of age to give your consent.)

Date

(Printed name of Legal Guardian)

Home Address

(Signature of Parent/Legal Guardian)

(Printed name of Child Participant)

ASHOKA UNIVERSITY

Department of [Insert name]

Minor Assent Form

Primary Investigator: [Insert the name of the professor/supervisor]

Student Researcher(s):

Title of Project:

I was told by [Insert the name the person asking the questions/conducting the study] of Ashoka University about a study:

[In this section, please:

- 1) overview the nature of the research project;
- 2) overview the basic procedures/types of questions and the participant's role;
- 3) explain how confidentiality will be maintained;
- 4) describe the approximate duration of participation;
- 5) provide contact information (e.g., e-mail and phone number of the primary investigator) and state that participants may contact the PI with questions or concerns.]
- 6) describe any potential risks and the level of risk;
- 7) describe any potential benefits/

If you want to stop participating in this project, you are free to do so at any time. You can also choose not to answer questions that you don't want to answer.

If you have any questions or concerns you can always ask me or call [name of PI] _____ at this number: _____.

I understand the project described above. My questions have been answered and I agree to participate in this project. I have received a copy of this form.

Date

(Printed name of Participant)

(Signature of Participant)