

## **APPENDIX J**

### **PARENTAL CONSENT FOR RESEARCH PARTICIPATION**

#### **Purpose and Background**

Mr. Brian Richards, undergraduate student, and Dr. Pamela Miller, Professor, of the School of Nursing at the University of San Francisco are doing a study on the social skills of children who have chronic ear infections. Because children with chronic ear infections miss many days of school and sometimes have difficulty hearing, the researchers are interested in learning whether these children are slower to develop social skills, as compared with children who do not suffer from chronic ear infections. My child is being asked to participate because he/she suffers from chronic ear infections.

#### **Procedures**

If I agree to allow my child to be in this study, the following will happen:

1. I will complete a questionnaire about my child's health, development, and friendship relationships.
2. My child will be observed through a one-way mirror while he/she plays with three other children he/she does not know but who are similar in age for a period of 30 minutes.
3. The researchers will review my child's medical records to obtain information about the nature and extent of my child's ear infections.

I will complete the questionnaire and my child will participate in the 30-minute free play period at my pediatrician's office.

IRBPHS 2001 MANUAL

58

#### **Risks and/or Discomforts**

1. My child may become uncomfortable or upset during the 30-minute free-play period; if this happens, the researchers will attempt to comfort my child. If my child continues to be upset, the researchers will return my child to me in the waiting room.
2. Participation in research may mean a loss of confidentiality. Study records will be kept as confidential as is possible. No individual identities will be used in any reports or publications resulting from the study. Study information will be coded and kept in locked files at all times. Only study personnel will have access to the files.

#### **Benefits**

There will be no direct benefit to me or to my child from participating in this study. The anticipated benefit of this study is a better understanding of the effect of the chronic ear infections on the development of children's social skills.

#### **Costs/Financial Considerations**

There will be no costs to me or to my child as a result of taking part in this study.

#### **Payment/Reimbursement**

Neither my child nor I will be reimbursed for participation in this study.

#### **Questions**

I have talked to Mr. Richards or his research assistant about this study and have had my questions answered. If I have further questions about the study, I may call him at (415) 422-1234 or Dr. Pamela Miller (415) 422-4321.

If I have any questions or comments about participation in this study, I should first talk with the researchers. If for some reason I do not wish to do this, I may contact the IRBPHS, which is concerned with protection of volunteers in research projects. I may reach the IRBPHS office by calling (415) 422-6091 and leaving a voicemail message, by FAX at (415) 422-5528, by e-mailing

IRBPHS@usfca.edu, or by writing to the:  
IRBPHS, Department of Counseling Psychology  
Education Building, University of San  
Francisco, 2130 Fulton  
Street, San Francisco, CA 94117-1080.  
IRBPHS 2001 MANUAL  
59

**Consent**

I have been given a copy of the “Research Subject’s Bill of Rights,” and I have been given a copy of this consent form to keep. PARTICIPATION IN RESEARCH IS VOLUNTARY. I am free to decline to have my child be in this study, or to withdraw my child from it at any point. My decision as to whether or not to have my child participate in this study will have no influence on my child’s present or future status as a patient in my pediatrician’s office.

My signature below indicates that I agree to allow my child to participate in this study.

\_\_\_\_\_  
Signature of Subject’s Parent/Guardian Date of Signature

\_\_\_\_\_  
Signature of Person Obtaining Consent Date of Signature