**Parental Consent Form**

Dear parents,

My name is XXX and I am a graduate student / Faculty at the Lebanese American University (LAU) currently enrolled in the XXX. I am studying XXXXXX.

*The study:* The purpose of this study is to examine XXXX. Your child’s involvement will be XXXX. The study will involve (please add number of participants) participants.

*Confidentiality:* All the data and the results that will be obtained during this research will remain anonymous and will not affect your child’s school records. ***Your child’s name will not be written on any document or be kept in any other records. All responses he/she provides for this study will remain confidential and only the researcher will have access to it. The study records will be stored for the duration of the study.***

I kindly ask that you read this form before agreeing to have your child participate in this study.

Thank you in advance for your cooperation; your child’s participation is highly appreciated.

Please check the appropriate box:

 [ ]  I voluntary allow my child to take part in the study

 [ ]  I do not allow my child to be in the study

*By allowing your child to take part in the study, you agree with the following statements:*

1. *I have been given sufficient information about this research project.*
2. *I understand that the answers will not be released to anyone and my identity or my child’s will remain anonymous. My name / my child’s name will not be written on the questionnaire nor be kept in any other records.*
3. ***When the results of the study are reported, I / my child will not be identified by name or any other information that could be used to infer our identity.*** *Only researchers will have access to view any data collected during this research, and collected data cannot be linked to me.*
4. *I understand that I may withdraw my child from this research at any time I wish.*
5. *I understand that my refusal to include my child will not result in any penalty or loss of benefits to which I / my child otherwise am entitled to.*
6. *I have been informed that the research abides by all commonly acknowledged ethical codes and that the research project has been reviewed and approved by the Institutional Review Board at the Lebanese American University.*
7. *I understand that if I have any additional questions, I can ask the research team listed below.*
8. *I have read and understood all statements on this form.*

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Printed Name of Child

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Signature of Parent(s) or Legal Guardian Date (by Parent(s) or Legal Guardian)

**For further inquiries about the study, please do not hesitate to contact me at XXXX or via email: XXXX**

***If you have any questions about your child’s rights as a participant in this study, or you want to talk to someone outside the research, please contact the:***

***IRB Office, Lebanese American University***

***3rd Floor, Dorm A, Byblos Campus; Tel: 00 961 1 786456 ext. (2546)***