

Do NOT complete this form. It is intended to be used as a guide in developing an informed consent document. The italicized statements are key components and should be included in your informed consent document. Your informed consent must be typed.

INFORMED CONSENT DOCUMENT

Cloud County Community College supports the practice of protection for human subjects participating in research and related activities. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, you are free to withdraw at any time, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach. Likewise, if you choose not to participate, you will not be subjected to reprimand or any other form of reproach.

Provide a detailed description of the purposes of the research study, the procedures to be followed in the study, identification of any procedures which are experimental, and approximate time it will take to participate.

Describe any possible discomforts or other forms of risk involved for subjects taking part in the study.

Provide a description of the benefits to be expected from the study or research, and disclose appropriate alternative procedures, if any, that would be advantageous for the subject.

Description of how the confidentiality of data identifying the subjects will be maintained.

For research involving more than minimal risk, provide an explanation as to whether any compensation or medical treatments are available if injury occurs, and if so, what they consist of or where further information may be obtained. An offer to answer any inquiries concerning the procedures and an explanation of whom to contact in the event the subject has questions later or sustains a research related injury.

"I have read the above statements and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the potential risks involved and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without being subjected to reproach."

Subject

Date

Parent or Guardian (if subject is a minor)

Date

IRB Contact Information

(Participants should receive a copy of the form they sign)