New York University
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Parental/Guardian Permission Form for Department Pool Participants Earning Credit
IRB-FY2016-190

Your child, __________________________, is invited to take part in a study named “About your Health and Habits Over Time”. The study is designed to learn more about how people feel about dietary/eating/health behaviors and how they see the world/engage in action in their environment. It is being conducted by Dr. Emily Balcetis, a faculty member in the Psychology Department.

If you give permission for your child to be in this study, he/she may be asked to: tell us his/her mood, attitude, and opinions of various issues, complete measures of his/her health and dietary behaviors, engage in decision-making tasks, and/or taste test certain foods. His/her participation will take no more than 8 minutes a day, for 7 days, and he/she will receive 1 credit. If your child withdraws from the study, your child will receive credit for the time completed. Your child can fulfill the course requirement in other ways besides participating in research.

There are no known risks associated with your child’s participation in this research beyond those of everyday life. Although your child will receive no direct benefits for participation in this study, it may make him or her more aware of how knowledge is discovered in psychology and help the investigator better understand the way individuals see and engage physically with the world around them.

Taking part in this study is voluntary. Not taking part or withdrawing from the study will not affect your child’s grade or academic standing in any way. Your child has the right to skip or not answer any questions he or she prefers not to answer. When your child completes the study, a thorough verbal and written explanation of it will be provided.

Confidentiality of your child’s research records will be strictly maintained by not tying his or her name to the responses on the survey in any way. The data from the study will be kept at least until 5 years after publication, as recommended by the American Psychological Association. When it is destroyed, this will be done by deleting electronic files. Information not containing identifiers may be used in future research or shared with other researchers without additional consent.

The researcher cannot keep information confidential if they have concerns that someone is hurting children or that your child might hurt themselves or someone else. In such cases, the researcher will inform people in authority about their concerns.

If there is anything about the study or taking part in it that is unclear or that you do not understand, or if you have questions or wish to report a research-related problem, you may contact the principal investigator, Dr. Emily Balcetis, at 212-998-3998, emilybalcetis@nyu.edu, 6 Washington Place, Psychology Department, Meyer Hall New York, NY 10003. For questions about your child’s rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS/IRB), New York University, (212) 998-4808 or ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

You have received a copy of this permission document to keep.

Permission

I hereby grant permission for my child, __________________________, to participate in this research study.

Parent’s Signature: ____________________________ Date: _________________