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Parental/Guardian Permission Form for Department Pool Participants Earning Credit
IRB-FY2016-632

Your child, _______________, is invited to take part in a study called “Mind-Body Relationships” (IRB-2016-632) to learn more about how the body is affected by psychological processes. This study will be conducted by Katherine Thorson, Department of Psychology, Faculty of Arts & Science, New York University, as a part of her doctoral research. Her faculty sponsor is Professor Tessa West, Department of Psychology, Faculty of Arts & Science, New York University.

If you give permission for your child to be in this study, your child will be asked to complete some tasks while we measure a few different physiological responses (respiration, blood pressure, heart rate, etc.) via non-invasive sensors that cause very little discomfort, if any at all. Some people experience minor skin redness or irritation upon removal of the sensors, which usually goes away within an hour. Your child will also be videotaped during the study. Your child will have the right to review the tape and request that all or any portion of the tape be destroyed. Your child’s participation will take about 2 hours and he/she will receive 2 credit hours. If he or she withdraws before the end of the study, partial credit will be given (.5 credits/30 minutes). Upon completion, your child will receive a thorough verbal and written explanation of the study.

To participate in this study, your child cannot have a doctor’s diagnosis of a heart arrhythmia, heart murmur or high blood pressure/hypertension, take prescribed beta-blockers, have a pacemaker, have a history of psychiatric illness or treatment, have a body mass index greater than 30, or be pregnant.

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 your child more aware of how knowledge is discovered in psychology and help the investigator better understand how the body is affected by psychological processes.

Taking part in this study is voluntary. Not taking part or withdrawing after the study has begun will not affect your child’s grade or academic standing in any way. If your child withdraws at any time, no credit but also no penalty will be given. Your child has the right to skip or not answer any questions he/she prefers not to answer.

Confidentiality of your child’s research records will be strictly maintained by ensuring that all paper data are stored in a locked file cabinet and that all electronic data are password-protected. Information not containing identifiers may be used in future research or shared with other researchers without your 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. The videotape of your child will only be viewed by members of the West Interpersonal Perception Lab. 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 shredding of paper files and deletion of electronic files.

Participation in this study is voluntary. Your child may refuse to participate or withdraw at any time without penalty. Your child also has the right to skip or not answer any questions he/she prefers not to answer.

If there is anything about the study or your child’s participation that is unclear or that you do not understand, if you have questions or wish to report a research-related problem, you may contact Katherine Thorson at katherine.thorson@nyu.edu, 603-305-6068, 6 Washington Place, or the faculty sponsor, Tessa West at 212-998-7811, tessa.west@nyu.edu, 6 Washington Place. For questions about your child’s rights as a research participant, you may contact the University Committee on Activities Involving Human Subjects (UCAIHS), NYU, (212) 998-4808 or ask.humansubjects@nyu.edu, 665 Broadway, Suite 804, New York, NY 10012.

You have received a copy of this parental permission form to keep.

Permission

______________________________
Name of minor subject

______________________________  __________
Parent’s Signature     Date