

## Informed Consent

The purpose of this research is to [xxx]. This is a research project conducted by [xxx, e.g., a graduate student/faculty/staff in the xxx program at California State University, Chico.] You are invited to participate in this research because you are [e.g., a parent or primary caregiver of a child (or children) with a food allergy (or allergies), etc.].

Your participation in this research study is voluntary. You may choose not to participate. If you decide to participate in this research survey you may withdraw at any time. If you decide not to participate in this study or if you withdrawal from participating at any time, you will not be penalized.

The procedure involves completing an online survey that may take approximately [e.g., 30 minutes]. Your response will be confidential, and we do not collect identifying information such as your name, email address or IP address. The survey questions will be about [subject matter may be added here].

There are [no foreseeable] risks associated with the study. [Explanation of any risks and resources available to deal with any psychological stress may be added here.]

There may be benefits from this study. [OR]There are no direct benefits to you from this study. [Expanation of possible direct or indirect benefits may be added here].

If you have any questions about the research study, please contact me via email and I will respond in a timely matter. This research has been reviewed according to California State University, Chico IRB procedures for research involving human subjects. If you have any questions about your rights as a participant, you may contact the Human Subjects in Research Committee at 530-898-3145 or IRB@csuchico.edu

Electronic Consent:

**Clicking on the “Next” button below indicates that:**

- You have read the above information.
- You voluntarily agree to participate in the research study.

Thank you.