University of Colorado Boulder

Parent Permission for Child to Act as a Research Subject

The Adolescent Brain Cognitive Development (ABCD) Study

Why is this study being done and why have you and your child been asked to participate?

Dr. Marie Banich, Dr. Naomi Friedman, and the Adolescent Brain Cognitive Development (ABCD) investigators are conducting a research study sponsored by the National Institutes of Health to learn more about developing cognitive, social, and emotional functions in children as they grow from age 9 to young adulthood. This same research study is being done at many other research programs across the U.S. This is one of the largest studies of its kind to date, enrolling approximately 12,000 healthy children at all locations. There are approximately 550 participants from Colorado.

The purpose of the study is to gain a better understanding of mental, social, emotional, and physical development during this important stage of early life, and to learn more about why children differ in their development. The researchers will try to determine how brain development, genetic factors, mental and physical health, education, peer and family relationships, activities and behaviors, and environmental exposure all influence young people as they mature. In particular, they will try to identify which factors seem to promote better outcomes, including independence and emotional well-being; as well as which factors may increase a young person’s risk for a negative outcome, such as unhealthy habits like drug and alcohol use. The results of this study may help in designing new interventions that prevent negative and increase positive outcomes in young people’s lives. Your child has been asked to participate in this study because your child was a healthy 9 or 10 year old at the beginning of the study. You may have more than one child participating in the study and each will complete the procedures below and you will be asked questions about them individually. Several families will also be asked to participate in the study on occasion to help us test out and evaluate the procedures and to give the researchers feedback about their experiences participating in the study.

What are the study procedures?

If you agree to your child’s participation in this study, your child was asked to complete a set of “baseline” assessments and then will be asked to complete additional assessments on a number of occasions as your child grows:

Clinical Interview, Cognitive Assessments, and Questionnaires

- We may ask you to provide information about your child and your family including his/her phone number, address, email, and contact information of relatives or friends. Contact information will only be used to help find you and your child for the follow-up studies. Relatives and friends are told only that this is a study of child cognitive and brain development and no other information about the study or about your family is given.
- We will give your child questionnaires on the computer about his/her thoughts, behavior, personality, puberty, relationships with friends and family, and school and other activities. As youth progress through adolescence, we will begin to ask questions about romantic relationships and sexuality. We may also ask your child questions about events they may have experienced, including some which may have been traumatic, for example, witnessing crimes, violence, or abuse, and if they were personally affected by such events. As with other questions, your child does not have to answer these questions if they would rather not answer

them, and we will keep all answers confidential, except in cases where we learn a child or elder had been or is being abused.

- Your child will be asked to do cognitive assessments on a computer including measures of memory, language, attention, motor function, problem solving, visual spatial function, and decision making. Study staff may make observations and/or ratings of your child's behavior during these assessments.
- We might ask your child questions about their health over the past year, including questions about whether they have been diagnosed with or treated for any illnesses, have had any sexually transmitted infections (STIs), or have been hospitalized.
- Your child will be asked to complete an in-person clinical interview. We will ask your child about his/her mood and feelings, and about friends and family. We will also ask about alcohol, tobacco, caffeine, and other drugs your child may know about, has tried, or knows someone who tried. Your child will not have to answer questions that make him/her uncomfortable. We normally will not share any information your child tells us, as this helps to keep the privacy needed so we get honest answers. However, if our tests suggest your child may have a life-threatening medical or mental disorder, the investigators will recommend that your child receive a clinical evaluation, and you will be provided with information about local medical facilities and other resources.

Brain MRI Session

- Your child will be asked to complete magnetic resonance imaging (MRI) of his/her head. The MRI will be scheduled at the Center for Innovation and Creativity on the University of Colorado Boulder campus. We will give you directions and free parking. We will do the MRI every other year.
- If your child may be anxious in an MRI scanner, he/she has the option of doing a mock scan before the real MRI. The mock scanner looks and sounds like a real MRI.
- Because MRI involves being placed in a strong magnetic field, it is not safe to be in or near an MRI scanner if your child has an implanted metal device such as a pacemaker or cochlear implant. To make sure it is safe for your child we will conduct a safety screening before we schedule the MRI and again before going into the scanner.
- Pictures of your child's brain will be collected using an MRI scanner. For this, your child will be placed in a large donut-like MRI machine for up to 90-120 minutes in total and may be done in one or two sessions. Your child will be asked to hold still while we take brain pictures. We will put a cuff on one finger to measure heart rate and a band around the chest to measure breathing rate. The MRI technician will position him/her in the scanner, provide hearing protection ensure he/she can view the display screen, and give him/her the response button box.
- In the MRI, your child will either do mental tasks or just rest quietly while we image the brain. While in the scanner, some of the time your child will be shown an age appropriate movie, and for some of the time, he/she will be instructed to look at pictures, a blank screen, or press a button to complete tasks.

Vital Signs

- Your child will be asked to wear a cuff around one of their arms while their blood pressure is measured using an automatic electronic blood pressure monitor. We'll be measuring how this changes over time as children develop, as this can be an indicator of health risk. The monitor will measure their blood pressure three times in a row in 30-second intervals to be sure an accurate measurement is obtained.

Biological Samples

- We will ask your child for saliva samples to study his/her DNA (the genetic material inside cells) or to study his/her hormones (chemicals in the body). To collect saliva, your child will be asked to spit into small tubes. We will send these de-identified saliva samples to the RUCDR Biorepository, Salimetrics, or other companies for processing and future use. If there is not enough saliva for the analyses we may ask your child to try this at home and mail the sample to us in a prepaid package.
- Starting at the 3rd annual visit to the study we will ask to draw blood from your child. We will ask to collect blood every 1-2 years. This is voluntary but having blood will provide better genetic information for analysis as well as other markers of health (e.g. cholesterol, glucose, iron levels, and blood count measures of overall health). If you and your child agree, a trained staff member will draw a small amount of blood. The blood sample that children provide will be used for genetic research, such as to study how genes influence brain differences and behavior, and for research on physical health. The blood will be analyzed or stored for future use labeled with codes that do not identify participants.
- As a courtesy to you, if your child participates in the blood draw and/or blood pressure measurement protocols, we will send you a report with the following values once they are processed: 1) blood pressure; 2) total & HDL cholesterol; and 3) blood glucose levels (A1C). We will provide this to all participant families regardless of the values. These are not provided for clinical or diagnostic purposes, but simply for your information, and you may wish to share them with your child's health care provider.

Please indicate whether you agree for your child to have blood drawn:

Yes, my child may give blood ____
No, I do not want my child to give blood ____
My child is not being asked to give blood at this visit ____

Sometimes genetic tests are performed to identify changes in genes associated with medical conditions, so that a patient or his/her doctor can use this information. This kind of medical test will not be performed. If you are interested in having this kind of medical genetic testing, you should consult your doctor. Some commercial tests are also available for this kind of testing.

- Your child may be asked to provide a sample of about 100 strands of hair to test for substance use and hormone developmental markers. The hairs are cut from a hidden area on the back of the head to affect his/her hairstyle as little as possible. Hair may be used to study exposure to environmental substances, including cigarette smoke, toxins, or drugs of abuse.
- We may ask you to give us some of your child's shed baby teeth. The teeth will be stored for future studies, for example, exposure to harmful things in the environment.
- Postmenarcheal (had first menstrual period) female participants may be asked to provide a urine sample for a pregnancy test prior to the MRI and pregnant participants will not be scanned. The study personnel will make sure this sample is properly discarded.

- Your child may be asked to provide a breath sample to test for recent alcohol use and a saliva or urine sample to test for recent drug or nicotine use. If your child has alcohol or illegal drugs in his/her body, we will ask your child if it is ok to discuss this with you. If he/she does not give us permission, then we will not talk to you about this. If the test shows your child is under the influence of alcohol or a drug, he/she will not be studied that day.
- If you have twins in the study we may be able to get information from the genetics samples that determine if they are identical or not. We can share this determination with you if you want us to. A member of the ABCD team will contact you with this information. No other genetic information will be shared with you.

Both saliva and blood are processed to extract DNA molecules, and in modern genotyping analyses, DNA is examined at many different locations across the genome. The variance that is found in each person's DNA is coded for future analysis. These and other donated samples and health information will be stored as described above.

Scientists and researchers from around the world will be able to use the information we collect from your child for many kinds of health research. Like other data your child provides throughout the study that are shared, the samples will be labeled with a unique participant code that does not identify your child. Researchers must agree to an ethical code of conduct, which prohibits any attempt to identify individuals from the samples. The code of conduct also prohibits the creation of immortalized cell lines. Immortalized cell lines are cells that have been modified in a lab to keep dividing and growing indefinitely. While we do not yet know all the ways your child's samples may be used, we do know they will not be used to create immortalized cell lines.

Activity Tracking (Fitbit)

If you or your child have a smart phone we may ask your child to wear a Fitbit activity tracker beginning at their 3rd annual visit. You must agree to Fitbit's rules before your child can use it, just like you would if you bought a Fitbit for yourself. You can usually find these rules in the "Terms of Service" or the "End User License Agreement." ABCD does not control these rules. Please read them carefully. These rules may ask you to agree to certain things, like not to sue the company if something goes wrong with the device. These rules may also allow the company to get, keep, or give others a copy of your information that comes from the device. Participating in the Fitbit part of ABCD does not require any identifiable information to be shared with Fitbit, but changing settings in the Fitbit app could result in identifiable information being collected and/or shared with Fitbit. We advise you and your child not to change any settings in the Fitbit app. For the Fitbit to accurately track your child's activity, we must tell Fitbit their sex, height, weight, and handedness (left or right handed). We do not give Fitbit their name or any other information about them.

We will show you how to use it and ask that your child wear the tracker for three weeks. We will measure heart rate, physical activity, and sleep during this time, to be compared to other data in the study. There is a small risk of skin irritation if your child has an allergy to any of the components of the Fitbit. If you or your child notices irritation or redness, please remove the device and contact us. At the end of 3 weeks, you will be asked to return the Fitbit in a prepaid envelope, and you and your child will answer some questions online.

Although ABCD will protect the copy of your information that you give us, we cannot protect or control what the company does with the copy that goes to them. If you do not agree to Fitbit's rules, you do not have to accept the Fitbit. You can say no and still participate in the other parts of ABCD.

Please indicate whether you agree for your child wear a Fitbit for the study:

Yes, my child can wear a Fitbit ____
No, I do not want my child to wear a Fitbit ____
My child is not being asked to wear a Fitbit at this visit ____

Passive Assessment of Mobile Device Usage

At the study visit, we may ask if your child is willing to have applications installed onto their mobile device to monitor their mobile device use habits. If you agree to your child's participation in this component, your child will be asked to:

- Let study staff install one or more applications on their mobile device and agree to the terms of use of the app(s).
- Complete a questionnaire at the initial visit assessing family rules for screen use and screen time monitoring.

Data from the devices will be encrypted and stored on a secure Cloud server by the applications; no personally identifiable data, nor any content of any kind, will be recorded from these applications. Similarly, no details of application or website usage will be recorded except for what application is being used, when, and for how long. We also may collect information on how many key presses or words are typed, though we will not collect any of the content.

There may be costs related to this component in the form of fees from your phone carrier related to data usage depending on your phone plan.

At the end of 3 weeks, you will be asked to uninstall the application(s) from your child's device, and complete online questionnaires (you and your child).

Please indicate whether you agree for your child to participate in this Mobile Device component:

Yes, my child can participate in the Mobile Device component ____
No, I do not want my child to participate in the Mobile Device component ____
My child is not being asked to participate at this time ____

School Records

- We may ask for your permission to release your child's student records including attendance, grades, and standardized test scores as data for this study.

Teacher Questionnaire

- We may ask you for your child's primary teacher's name and permission to contact them to fill out a questionnaire about your child's behavior and emotions in the classroom as part of the study.

Follow-up

- About every 3-6 months after completing the baseline study, we will contact your child for a brief (15 minute) interview including questions on the phone and/or computer about health, school, outside activities, relationships, experience with substance use, and current contact information.

- About every 12 months after completing the baseline study, we will ask your child to participate in the study again, and may include an interview, questionnaires, biological samples, MRI, and cognitive testing.

How much time will each study procedure take, what is your child's total time commitment at each follow-up, and how long will the study last?

It will take your child about 6-7 hours to complete the full study at the baseline visit and at visits every 2 years thereafter. About 12 months after the baseline study and every 2 years after that, we will ask your child to do some of the same assessments except the MRI and it will take about 3-4 hours to complete. In addition, the brief interviews every 3-6 months will take up to 45 minutes total each year. The study is expected to go on for 10 years.

Your child can do the baseline study in one day with a meal and breaks, or we can schedule the study sessions on different days. Your child's appointments will be scheduled outside of school hours, if possible, during evenings, weekends, and school holidays. If you have more than one child in the study they can come together. We may be able to provide transportation. After the baseline study some of the questionnaires may be able to be done online.

You may be able to participate in a two-day "camp" format for your assessments. If a two day "camp" format is offered, the assessments will be done during all-day sessions The assessments are interspersed with fun activities. You may not need to be present during your child's full assessment. If you are not present we will ask for your cell phone or other contact information so we can reach you during the day if needed. In your absence, center staff will be with your child at all times. Your child would be with 1-7 other children in the study.

How will my child's confidentiality and privacy be protected? Will other people have access to my child's data and biological samples?

Research records will be kept confidential. This means that what your child tells us is not shared with his/her school, family, or friends. Your child's records with his/her name and contact information will be stored separately from data collected from your child in locked cabinets or a secure password protected computer and file, with access restricted to limited study personnel. Your child's records may be reviewed by the UC San Diego Institutional Review Board, the University of Colorado Boulder Institutional Review Board, and the people who support this study at the National Institute of Health (NIH).

All results of your child's assessments (e.g., all of the responses to questions or tasks, scores, MRI results, biological samples, genetic information, DNA, or physiological measures) will be identified only by a unique participant code that contains no explicit information about his or her identity. Only the research team will have the information that matches the code to traditionally used identifying information, such as name, address, and phone number. Dr. Banich, Dr. Friedman, their collaborators and the National Institutes of Health, will keep the information that matches the code to this commonly used identifying information in a securely protected database for as long as the study continues, and then it will be destroyed. Only very few authorized people, who have agreed to protect your identity, will have access to this information that matches your personal information to the anonymous code.

In the coded form, the data will be entered into a database. This database will be accessible to the ABCD study researchers, and the data will also be placed in data repositories maintained or sponsored by the National Institutes of Health. It will be made available broadly for research and development of new methods. This information may ultimately also have significant therapeutic or commercial value. By agreeing for your child to participate in this study, you and your child agree to such future uses. Individuals who request access to your child's data will have to agree not to try to identify any individuals who have participated in the study. However, there is a small possibility that in the future an unauthorized attempt to identify your child as a participant in the study could succeed.

To help us protect your child's privacy, Dr. Banich, Dr. Friedman, and the ABCD Investigators have obtained a Confidentiality Certificate from the Department of Health and Human Services (DHHS). With this Certificate, the research team cannot be forced (for example by court order) to share research information that may identify your child in any Federal, State, or local civil, criminal, administrative, legislative, or other proceedings. Sharing may be necessary if the DHHS does a review of the study. Your child should understand that a Certificate of Confidentiality does not prevent him/her from voluntarily releasing information about him/herself. If an insurer, employer, or other person obtains your child's written assent and your written permission to receive research information, then the researchers may not use the Certificate to withhold that information. If your child requests that the study data be released to his/her doctor, this information may then become part of your child's medical record. Insurance companies may have access to such records. This might then hurt your child's access to health or other insurance. However, we will not release information about your child to your child's doctor without his/her assent and your permission.

Finally, your child should know the research team can take steps, such as telling authorities (for example, the Police) if 1) your child tells us of plans to really hurt him/herself, 2) your child tells us of plans to really hurt another person, or 3) we learn that a child or elder has been or is being abused. If your child decides at a later time that he/she does not want his/her data or specimens to be used for future research, your child, or you in his/her behalf, may tell this to Dr. Banich or Dr. Friedman, who will use their best efforts to prevent use of the data in additional studies. However, it will not be possible to locate and stop such future research once the materials have been widely shared with other researchers.

What risks are associated with this study?

Participation in this study may involve risks or discomforts. These include the following:

1. It is possible your child may become tired, bored, or frustrated during the study sessions. Your child can take a break and/or stop the testing at any time.
2. It is possible that being asked about feelings, mood, traumatic life experiences, or about experiences with alcohol, tobacco, or drugs may make your child feel uncomfortable. Your child will not have to answer questions that make him/her feel uncomfortable.
3. There is risk of possible loss of confidentiality. The study will be conducted under a Certificate of Confidentiality and we will make all efforts to keep the information secure. However, there is still a small chance that the information could be discovered and have unknown outcomes.
4. Your child's biological samples (e.g. saliva, hair, breath) may be tested for use of tobacco, alcohol, and drugs. This testing is necessary to make sure study procedures are appropriate for your child. This testing may show that your child has used these substances, but this will not be shared with you. Efforts will be made to keep this information confidential. The drug tests are not labeled with any identifying information. Although the chance this can happen is small, it is possible that others could become aware of a positive substance test.
5. Blood Draw: Your child may feel brief pain, get a bruise, feel dizzy, or faint during the blood draw. Your child may have the option of using a numbing cream or spray to reduce discomfort but could have redness or itching and a numb feeling from the spray. You or your child can choose to not do the blood draw.

6. Risks associated with MRI:
   a) The magnetic resonance scanner is a long narrow tube that is open on both ends. Some people get uncomfortable or anxious once inside. Your child will be able to pause or stop the study and ask questions at any time.
   b) The scanner makes loud banging noises while taking pictures. Your child will be given earplugs and headphones to help reduce the noise.
   c) There are no known biological or reproductive risks from MRI scans. The procedure does not use radiation, like X-rays. However, because the MRI has a strong magnetic field it is not safe to be in or around the scanner if your child has certain implanted metal devices. We will make sure it is safe for your child by asking you about any possible metal using a screening questionnaire both before scheduling the scan and again before entering the scanner.
   d) While in the scanner, your child may experience a small twitching sensation. This is not unexpected but he/she should tell the researchers about it right away and we will stop the scan. He/she might also be dizzy after laying down for a long time. We will help him/her get up.
   e) For females, although there are no known risks of an MRI during pregnancy, if your child is pregnant, we will not perform the MRI. If your daughter has reached puberty (has started having periods), she may be given a urine pregnancy test before going into the MRI whether or not she is sexually active. Every effort will be made to maintain confidentiality regarding positive pregnancy test results. We normally will not tell you without your child's permission. However, under certain circumstances, it may be necessary to inform you of a positive pregnancy test without your child’s permission if your child's life or someone else's life is at risk or if abuse is suspected. If we believe it is necessary to tell you, we will meet with your child first in private to talk about our concerns before sharing any information.
   f) Although the MRI is not a diagnostic MRI, all scans will be reviewed by a radiologist and it is possible we may detect an unexpected finding in the brain. This may be distressing to you. The unexpected findings will be discussed with you.

7. Activity tracker (Fitbit). It is possible that your child may be uncomfortable wearing the Fitbit. Your child will be given instructions on how to wear the Fitbit and study staff will be present to make adjustments before you go home. Your child does not have to wear this.

8. Additional Psychological or Social Risks Associated with Loss of Privacy

   While we believe that the risks to you and your family are very low, we are unable to tell you exactly what all of the risks are. Below are some potential risks:

   - Your child’s privacy is very important to us and we will use many safety measures to protect his/her privacy. However, even with all the safety measures that we use, we cannot guarantee that your child’s identity will never become known. Although your child’s genetic information is unique to him/her, some genetic information is shared between other blood relatives. This means, it may be possible that genetic information from them could be used to help identify your child. Also, it may be possible genetic information from your child could be used to help identify other blood relatives.
   - While the controlled-access databases used to share data from this project will not contain information that is traditionally used to identify your child, such as his/her name, address, and telephone number, people may develop ways in the future that would allow someone to link your child’s genetic or medical information in these databases back to

him/her. For example, someone could compare information in our databases with information from your child (or a blood relative) in another database and be able to identify your child (or a blood relative). Individuals who request access to your child's data will have to agree not to try to identify your child or any of his or her relatives, or to contact your child or relatives. However, there is a small possibility that in the future an unauthorized attempt to identify your child as a participant in the study could succeed.

- Some genetic variations can help predict the future health problems of your child or his/her relatives. Patterns of genetic variation can be used by law enforcement agencies to identify a person or his/her blood relatives.
- Therefore, your child's genetic information potentially could be used in ways that could cause him/her or the family distress, such as by revealing that your child (or a blood relative) carries a genetic disease. There also may be other privacy risks that we have not foreseen.

A Federal law called the **Genetic Information Nondiscrimination Act (GINA)**, generally makes it illegal for health insurance companies, group health plans, and most employers to discriminate against you or your child based on your child's genetic information. This law generally will protect you and your child in the following ways:

- Health insurance companies and group health plans may not request your genetic information that we get from this research.
- Health insurance companies and group health plans may not use your genetic information when making decisions regarding your eligibility or premiums.
- This new Federal law ***does not*** protect your child against genetic discrimination by companies that sell life insurance, disability insurance, or long-term care insurance.

9. Because this is a research study, there may be some unknown risks that are currently unforeseeable. If there are significant new findings during the course of this research that may influence your child's willingness to continue participating, we will inform your child of these findings.

What benefits can be reasonably expected?

There is no anticipated direct benefit to your child from participation in this study. The investigators, however, may learn more about how developing mental functions are related to brain development. Such understanding may lead to greater knowledge about how to prevent behavioral problems, or identify and treat behavioral problems at an early age.

Can you withdraw your permission or can your child choose to withdraw from the study without penalty or loss of benefits?

Participation in research is entirely voluntary. Your child may refuse to participate or withdraw at any time without penalty or loss of benefits to which he/she is entitled. Likewise, you may withdraw your permission for your child to participate at any time without penalty or loss. If your child decides to no longer continue in this study, or if you withdraw your permission, you or your child may notify Dr. Friedmanin writing to Institute for Behavioral Genetics, UCB 447, Boulder, CO 80309-0447, by sending an email to abcd@colorado.edu, or by calling the site at (303) 735-2644.

Your child will be told if any important new information is found during the course of this study that may affect wanting to continue.

Can your child be withdrawn from the study without his/her assent?

Your child may be withdrawn from the study if Dr. Banich, Dr. Friedman, or the ABCD investigators believe it is in his/her best medical interest or if your child does not follow the instructions from the study personnel.

Will your child be compensated for participating in this study?

Your child will be compensated for his/her time participating in the study. If your child does not finish a study session, he/she will be paid $10 for every hour completed.

- Baseline: $100 (MRI)
- Year 2: $50
- Year 3: $100 (MRI)
- Year 4: $60
- Year 5: $150 (MRI)
- Year 6: $75
- Year 7: $175 (MRI)
- Year 8: $100
- Year 9: $200 (MRI)
- Year 10: $125

6-month interviews: $15 each interview. During each MRI session there is a reward task performed where you can earn a little more money. This averages about $20.

If your child chooses to do the blood draw they will be paid an extra $20.

If your child chooses to wear the Fitbit tracking device you will be compensated with a $20 gift card when you return the device and finish the questionnaires.

If your child chooses to participate in the installation of apps to monitor mobile device usage, they will be compensated an additional $20.

If your child opts to not complete the MRI for reasons other than having braces or an incompatible medical device, or living far away from a study site, their compensation will be $75 less.

You and any of your children participating in the study will be paid a bonus of $20 each if you complete your yearly in-person visit on the originally scheduled appointment date.

Because we sometimes have last minute appointments to fill, we may contact you to ask if you could come in on a day prior to your scheduled one. If you agree, we will pay you and your children an additional $20 each. That means if we ask to you to move from your originally scheduled time, a $40 bonus payment will be added to each person's compensation.

The payment will be given as cash, gift card, or as a ClinCard (a reloadable credit card that can be used at stores, online, or for cash at local banks).

If your child needs transportation to the study appointments, we can provide transportation service. We will give your child snacks and/or a meal during study appointments.

Are there any costs associated with your child participating in this study?

There will be no cost to your child for participating in this study.

What if your child is injured as a direct result of being in this study?

If your child is injured as a direct result of participation in this research you should inform Dr. Friedman at 303-735-2644. The cost for any treatment will be billed to you or your medical or hospital insurance. The University of Colorado has no funds set aside for payment of health care expenses for this study. You or your child may call the University’s Institutional Review Board at 303-735-3702 for more information about this.

Who can you call if you have questions?

Marie Banich PhD, Naomi Friedman PhD, and/or a member of their research team has explained this study to you and your child and answered any questions. If there are other questions or research-related problems, now or in the future, contact Dr. Banich or Dr. Friedman at 303-735-2644.

You or your child may contact the University's Institutional Review Board at 303-735-3702 or irbadmin@colorado.edu to inquire about rights as a research subject or to report research-related problems.

Your Signature and Consent

You will receive a copy of this consent document and a copy of the "Experimental Subject's Bill of Rights" to keep. You agree to allow your child,

___________________________ to participate.
(PRINT Child's FIRST AND LAST NAME)

_________________________	______________________	__________
Parent/Guardian Name (print)	Parent/Guardian Signature	Date

_____________________	_________
Signature of Person Obtaining Informed Consent	Date

Check the box below if you do not give permission to be contacted.

☐ NO, I do not wish to be contacted about other studies.