

## Sample Informed Consent form for Parents

Dear Parents,

We are Dr. Frank Oz and Dr. Glinda Witch, faculty from the Healthiness Department at Troy University. In January our research team will be starting assessments for a federal grant program. This program will try to improve the eating and exercise habits among school-aged children. Ms. Sunny Day, R.N. is teaching children at Happy Elementary School about the importance of good health, eating happy foods and exercising. We are going to research the effectiveness of this program.

Before starting this program we will get information about each child's habits and health. Your child will be asked to do each of the following:

- Answer questions about what they eat and how they exercise.
- Have his or her blood pressure and heart rate taken.
- Measure their height and how much they weight
- The thickness of skin in the upper arm and lower leg is measured.
- Do easy exercises like walking or running, partial curl ups, and sitting and reaching. These exercises are described in the attachment.
- Have finger stuck with a needle to collect a drop of blood for cholesterol and sugar levels. This will be done by a nurse.

Students in the third grade will take part in the program. Teachers and students from Troy University will ask the questions and do assessments of your child's health. The process should take no longer than 30 minutes. Your child should wear short-sleeved shirts and shorts for the assessments. This will help us get correct measurements without your child's needing to remove their clothes. Your child will be able to choose if they want to participate in each part of the measurements. Either you or your child can say no at any time without any problem. You may also withdraw your child's data from the study at any time.

Taking part in these assessments is not a test and is voluntary. Your child's grades will not be changed by these assessments. If you allow your child to participate, you may withdraw their data from the study at any time.

Your child will miss about 60 minutes of class time. Your child may have some soreness and slight bruising from the finger stick and tiredness from the exercising. Your child will learn about healthy eating and exercise. Results will tell us if this program is useful in helping children have healthier eating and activity habits.

Information collected from your child will be kept confidential and a part of your child's school health record. A copy of your child's results will be given to your child for you to see. Another copy of your child's results will be given to us the researchers. This copy will have a code rather than your child's name. We will sum up the information from all the children. We will share this information with the schools and the research

team. We will report this information in professional journals and at professional meetings.

Copies of these questionnaires are on hand for you to see at Happy Child Elementary School. If you have questions about the assessments, please call Dr. Frank Oz or Dr. Glinda Witch at 334-670-0000. If you have questions about a program-related injury, please call Ms. Sunny Day R.N. at 334-735-2990. If you have any questions concerning rights as a research participant, contact the Institutional Review Board by sending an email to [irb@troy.edu](mailto:irb@troy.edu) or calling 334-808-6294.

If you agree for your child to participate in the assessments, please sign and return the consent form to your child's school by \_\_\_\_\_. Thank you for allowing your child to participate in these assessments.

Dr. Frank Oz, Associate Professor  
Dr. Glinda Witch, Professor

### **Healthy Kids Consent Form**

I give permission for my child, \_\_\_\_\_, a third grade student at Happy Child Elementary School to participate in the assessments for the Healthy Kids program. I have received a copy of the Informed Consent Form.

If you do not want your child to participate in the following activities, please put your initials in front of the activity.

\_\_\_\_\_ One half mile run/walk.

\_\_\_\_\_ Sit and reach.

\_\_\_\_\_ Partial curl up.

\_\_\_\_\_ Finger stick for blood test.

Please list any health problems that your child may have.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

## **Description of Exercises**

### **Partial curl up**

The child will lie on a cushioned clean surface with knees bent and feet 12 inches from buttocks. Arms are extended forward with fingers resting on the legs and pointed toward the knees. A partner should cup his or her hands underneath the head. Child does a partial curl up by sliding hands up the legs until the fingers touch the knees. A partial curl up is complete when the head returns to touch the partner's hands. One partial curl up should be done every 3 seconds until the child cannot complete one at this pace.

### **Walk or Run**

At a signal "Ready, Go" the child begins assessment either walking or running on a safe and marked course. The child may walk during the test but should be encouraged to complete the distance in the shortest time possible. A child who is 8 or 9 may run one half of a mile. Children who are 10 or older should complete a one mile course.

### **Sit and Reach**

The child sits on the floor with legs extended and feet flat against the end of a Sit & Reach box. A measuring line is marked on top of the box even with the feet. This line is marked as 23 centimeters. Hands are placed evenly along the measuring line and the child reaches forward as far as possible. Children repeat three times for practice and results are recorded on the fourth trial.