

## **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

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 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 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.

\_\_\_\_\_

\_\_\_\_\_

Date

