



To: Parents/guardians

Consent Form

Date: 01/12/2017

Full Project Title: Classroom-based active breaks for children's cognitive enhancement

Reference number: 2016-382

I give my permission for _____ (full name of your child) to participate in this study according to the conditions in the Plain Language Statement (brochure).

In 2018 this project involves your child participating in assessments regarding sitting time, cognitive functioning, on-task behaviour and enjoyment. Measures include an activity monitor to be worn on their thigh for two school days; two computer-based cognitive tests; direct observations; and a simple survey. Most of the assessments will be performed three times during Term 1.

I also give my consent to: (Please tick the box to indicate your consent)

- Complete a one-page demographic survey
- Permission to access developmental assessments previously completed by my child, to collect useful diagnostic information in order to describe participants' characteristics.

I acknowledge that:

1. I have read and I understand the attached Plain Language Statement.
2. I have been given a copy of Plain Language Statement and Consent Form to keep.
3. The researcher has agreed not to reveal my identity and personal details or the identity and personal details of the person for whom I am providing consent, including where information about this project is published, or presented in any public form.

Child's date of birth: ____ / ____ /20____

Parent/Guardian's Name (printed): _____

Email _____ Phone/Mobile _____

Postal code _____ Parent/Guardian Signature: _____ Date: _____

Please return this form to the 'Deakin University' box at your school office together with your demographic survey

CONSENT FORM

**** YOUR COPY TO KEEP ****



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Email _____ Phone/Mobile _____

Postal code _____ Parent/Guardian Signature: _____ Date: _____



Withdrawal instructions

If you wish to withdraw your consent to participate in the research project that's fine.

Simply send an email to Dr Lisa Barnett (lisa.barnett@deakin.edu.au) indicating what follows:

I hereby wish to WITHDRAW my consent to participate in the research project 2016-382 titled 'Classroom-based active breaks for children's cognitive enhancement' and understand that such withdrawal WILL NOT jeopardise my relationship with Deakin University.

Child's Name _____

Name of Person giving Consent _____

Relationship to Participant: _____