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MEDICAL AND HEALTH SCIENCES

CONSENT FORM FOR PARENTS/PRIMARY CAREGIVERS: Investigating the relationship between fructose absorption and diet in school children

THIS FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Name of Principle Investigator: Dr Troy Merry
Name of Student Researcher: Harim Kim

I have read the information sheet. I understand the nature of the research and why my child has been invited to participate in it. I have had the opportunity to ask questions and have had them answered to my satisfaction.

- I understand that my child is being invited to participate in the research at school and I agree for my child to take part in this research.
- I understand the confidential nature of my child's participation; that all information gathered will be stored in strict confidence and that no material which could identify my child will be used in any reports on this study.
- I understand that taking part in the research is voluntary and I am free to withdraw my consent at any time and can withdraw my child's data from up to six weeks after the questionnaire without giving a reason.
- I have the choice to receive information about this study through my child's school, and have indicated my choice below.
- I understand that information gathered by the research may be included in public presentations and academic publications and that all information identifying participants will remain strictly confidential.
- I understand that if my child experiences any discomfort during data collection, the procedure will be stopped immediately. If the research team are unable to deal with any difficulties, they will call emergency services immediately and contact me also.
- I understand if the research team become aware of incidental findings, they will offer to arrange a meeting with a clinical member of the research team to explain this and have any of my questions answered.
- I understand that all information and data will be stored securely for a period of six years at the University of Auckland after which it will be destroyed.
- I know who I can contact if I wish for my child to withdraw from the study.
- I understanding that if my child does not take part, this will not affect their relationship with the school or their grades.

I indicate my approval (or otherwise) for the following: I am interested in having a summary of the research provided to me through my child's school. **Yes/No**

My child has gastrointestinal problems: Yes/No

If your child has gastrointestinal problems that cannot be included in the research, however they will be given the opportunity undertake the test by consuming only water (not fructose) or undertaking another activity.

I _____ hereby consent for my child _____ to participate in this study in NZ secondary schools to help with our understanding of the importance of differences in fructose absorption.

Signature ..... Date.....
(Parent/Primary Caregiver)

Please hand this form to your Science teacher by 10th May – **not the school office.**

APPROVED BY THE UNIVERSITY OF AUCKLAND HUMAN PARTICIPANTS ETHICS COMMITTEE ON 14th March 2019 FOR THREE (3) YEARS, REFERENCE NUMBER 022674