 **Promoting Physical Activity in Skoolzout Centres**

Consent form for parents on behalf of their child

Research conducted by Prof Tony Okely, Dr Dylan Cliff, Dr Rachel Jones, Dr Anne-Maree Parrish, Dr Stewart Vella, Dr Steven Howard, Mr Chris Tulloch, Ms Cinzia Immuni, Tamara Raso.

I have been given information about the study entitled: “**Promoting Physical Activity in Skoolzout Centres**” and have had the opportunity to discuss the study with Professor Tony Okely.

All children aged between 5 and 10, who attend after school care at least twice a week, are invited to participate.

I understand that if I consent for my child to participate they will be asked to:

* + - * Take part in the Wollongong Sport Program while at Big Fat Smile after-school care.
      * Wear an activity monitor on their hip whilst at care, at the start of the research project, and again at 6 month follow up.
* Participate in four short games to measure their cognitive development.
* Have their height and weight assessed by a trained research assistant.
* The parent/guardian will fill in a short demographic survey.

I have been advised of the potential risks and burdens associated with this study. I understand that my participation and my child’s participation is voluntary and that I and/or my child are free to withdraw from the study at any time. Withdrawal from the study will not affect my relationship or that of my child’s, with our after school care service or with the University of Wollongong now or in the future. Furthermore, I understand that the information provided may be used in papers, conferences presentations or future grant applications.

If I have any enquires about the study, I can contact Tony Okely on 4221 4641 or if I have any concerns or complaints regarding the way the study is or has been conducted, I can contact the University of Wollongong Ethics Officer on (02 ) 4221 3386 or email rso-ethics@uow.edu.au.

By signing below I am indicating my consent for my child to participate in this study as it has been described to me in the information sheet and in discussion with Tony Okely. Can you please return this form on your child’s next day of attendance.

Your co-operation in this study will be greatly appreciated

**CONSENT**



I (your name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

agree for my child (**child’s full name**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

to take part in the study entitled

“**Promoting Physical Activity in Skoolzout Centres”**.

Please tick to indicate Parent/Guardian consent for child participant to participate in the “**Promoting Physical Activity in Skoolzout Centres**” Program.

Parent Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Given name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(dd/mm/yyyy)

Sex of the Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(male/female)

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: (H)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(M)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Centre where attending the program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_