



To: Parents/guardians

**Consent Form**

Date: 10/10/2017

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 2017 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; a simple survey; and a brain activity assessment (additional consent needed). Most of the assessments will be performed three times during Term 4.

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

- Complete a one-page demographic survey
- Authorise the research team to include my child for the brain activity assessment. Brain activity will be measured with a small and safe device (also used with new born babies) that is attached to the forehead and kept still with a fabric elastic band around the head. The assessment will last less than 10 minutes in total, during which time the child should wear the device. The system uses near infrared light, which is not dangerous for humans. Usually, children find it fun to wear the device, however they might also experience discomfort during the assessment or notice a light red mark on the skin where the device was placed soon after the assessment. Despite this, there is no danger for them to wear the device and/or to be assessed (more information on the device that will be used is available on <http://www.artinis.com/portalite/>)

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](mailto: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: \_\_\_\_\_