

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 participate in this study according to the	conditions in the Plain Langua	(full name of your child) to		
In 2017 this project involves your child pa functioning, on-task behaviour and enjoy thigh for two school days; two computer- a brain activity assessment (additional co three times during Term 4.	articipating in assessments reg ment. Measures include an ac -based cognitive tests; direct c	garding sitting time, cognitive ctivity monitor to be worn on their observations; a simple survey; and		
I also give my consent to: (Please tick the	box to indicate your consent			
☐ Complete a one-page demograph☐ Authorise the research team to in will be measured with a small and to the forehead and kept still with less than 10 minutes in total, durinuses near infrared light, which is reduce, however they might allight red mark on the skin where there is no danger for them to we device that will be used is available.	Iclude my child for the brain a Is safe device (also used with not a fabric elastic band arounding which time the child should not dangerous for humans. Usulso experience discomfort durant the device was placed soon after the device and/or to be asset	ew born babies) that is attached the head. The assessment will last d wear the device. The system ually, children find it fun to wearing the assessment or notice a ter the assessment. Despite this, sessed (more information on the		
I acknowledge that:				
 I have read and I understand the attace. I have been given a copy of Plain Lange. The researcher has agreed not to rever details of the person for whom I am project is published, or presented in a 	guage Statement and Consent eal my identity and personal o providing consent, including w	Form to keep. details or the identity and personal		
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**

Parent/Guardian Signature: _____



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	hild's date of birth://20 arent/Guardian's Name (printed):			
ıaı	areng Guardian 3 Name (primeu).			
Em	mail	Phone/Mobile	Postal code	

_____ 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 (<u>lisa.barnett@deakin.edu.au</u>) 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 suc				
withdrawal WILL NOT jeopardise my relationship with Deakin University.				
Child's Name				
Name of Person giving Consent				
Relationship to Participant:				