

# ATSDR Task Order 15-4 Storyboard Testing Attachment 6 Consent Form: Parents of Tween Participants<sup>1</sup>

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I, \_\_\_\_\_, agree to let my child  
\_\_\_\_\_ take part in this focus group discussion.

I understand that \_\_\_\_\_ [child's initials] does not have to be in this focus group and can leave at any time. \_\_\_\_\_ [child's initials] can agree to be in the focus group and then change his/her mind later with no consequences or effect for not participating.

I allow the Agency for Toxic Substances & Disease Registry (ATSDR) to use the information from this discussion. I understand that the information is for a report only, and that \_\_\_\_\_ [child's initials] name will not be shared with anyone else.

I agree to ask questions about the discussion if I don't understand something that \_\_\_\_\_ [child's initials] is being asked to do as part of this focus group. If I have questions after the focus group is over, I can contact Mary Ann Petti at maryann@communicatehealth.com or at 413-582-0425.

## Audio Recording Release

I understand that \_\_\_\_\_ [child's initials] will be audio recorded during this focus group. I allow CommunicateHealth to transcribe the recording and write a report without \_\_\_\_\_ [child's initials] name to improve the materials. I understand that CDC and ATSDR will not have access to the audio recordings. I understand that the recording will be destroyed and \_\_\_\_\_ [child's initials] name will not be used for any other purpose.

## Summary

I have read and understood this consent form. I understand that I will get a copy of this form.

Print Name: \_\_\_\_\_

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

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