

ATSDR Task Order 15-4 Storyboard Testing Attachment 8 Consent Form: Parents¹

I, _____, agree to take part in this focus group discussion.

I understand that I do not have to be in this focus group. I can leave at any time. I can agree to be in the focus group and then change my 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 to make information about the dangers of trespassing better and easier to understand. I understand that the information is for a report only, and that my name will not be shared with anyone else.

I agree to ask questions about the discussion if I don't understand something. 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 I will be audio recorded during this focus group. I allow CommunicateHealth to transcribe the recording and write a report without my 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 my 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: _____

ATSDR is authorized to collect this information by [CERCLA and SARA].