Attachment 3A: Parental Permission Form for Children 6 to less than 18 Years of Age

Flesch-Kincaid Reading level – 4.9

**Follow Up Biologic Testing for Exposure to Arsenic**

**ASARCO Hayden Smelter Site, Hayden & Winkelman, Arizona Exposure Investigation**

**Parental Permission Form for Urine Arsenic Testing and Questionnaire**

**Children and Youth 6 years to less than 18 years of age**

**Who are we?**

* We are from a federal public health agency, the Agency for Toxic Substances and Disease Registry (ATSDR), and the Arizona Department of Health Services (ADHS).

**Why we are doing this Exposure Investigation?**

* We are doing this Exposure Investigation to find out if children living in Hayden or Winkelman, AZ have high levels of arsenic in urine.

**What do we want you to do?**

* Your child is invited to have his/her urine tested for arsenic.
* There is **NO COST** to you for the testing of your child.

**Place for Blood and Urine Collection**

* The urine collection will take place in your home or at **XXX.**

**What is included in my child’s participation?**There are two parts to your child’s participation.

1. **Urine Collection and Testing for Arsenic:**
   * You can collect the urine at your home or at the designated urine collection facility.
   * Help your child collect his/her urine in a plastic cup we give you. Put the lid on.
   * Write your child’s name **on the label on the side of the cup.**
   * Put the cup in a zip lock bag in the refrigerator until you bring it to XXX.
   * It should take 5 minutes or less to help collect your child’s urine.
   * We will send your child’s urine to a lab to test it for arsenic.
2. **Answer Some Questions:**
   * During the appointment we will ask your child some questions for 20 min.
   * You may help your child answer the questions.

**What will happen to any leftover urine after testing is finished?**

* The lab will throw out any leftover urine. It will not be used for anything else.

**When will you get the test results?**

* You will get your child’s test results by mail about 12 weeks after testing.

**What are the benefits from being in this Exposure Investigation?**

* You will know if your child has a high level of arsenic in urine.
* If your child has a high urine arsenic level, ATSDR and ADHS will provide you with information that can help you reduce your child’s contact with arsenic.

**What are the Risks of this EI?**

* There is no risk from collecting urine.

**How will we protect your privacy?**

* We will protect your and your child’s privacy as much as the law allows.
  + Arizona law requires that information given to the state may be made public if someone asks them for the information.
* We will give your child an identification (ID) number.
  + Your child’s ID number, not his/her name, will go on the urine cup.
  + We will keep a record, under lock-and-key, of your child’s name, address and ID number. We will use this information to link your child’s results with his/her name so we can send you your child’s test results.
* We will not use your or your child’s name in any report we write. Only group information that does not include individual names will be reported.

**When can you ask questions about the testing?**

* If you have any questions about this testing, you can ask us now.
* If you have questions later, you can call:
  + **Dr. Bruce Tierney at 770-488-0771**
  + **The ATSDR toll free number 1-888-320-5291**

**Child Assent**

* Your child said it is alright to have this urine test.
* Your child doesn’t have to have this test if you don’t want him/her to.

**Parental/Guardian Voluntary Permission**

* I agree to have my child tested.
* I and my child were given the chance to ask questions. We feel our questions have been answered.
* I know that having these tests done is our choice.
* I know that even though we agreed to this testing, I and my child may leave at any time without penalty.

**Signature**

I give permission for my child to be tested.

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Printed name of child Age of child Sex of child

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of parent/guardian Date

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Printed name of parent/guardian

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Signature or written name of child in child’s handwriting Date

Address of Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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May we share the test results with other federal, state, and local health and environmental agencies? YES / NO (please circle one)

Lab ID Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Certification of Permission Form Administrator:

I read the permission form to the person named above. He/she had the opportunity to ask questions about the Exposure Investigation and had the questions answered.

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Signature of person administering permission