**Attachment 3C: Parental Permission Form for Children younger than 18 Years of Age**

Flesch-Kincaid Reading level – 7.4

**Parental Permission Form for Blood and Urine Testing**

**Children younger than 18 years of age**

**ATSDR Exposure Investigation (EI)**

**Anaconda, Montana II**

**Who are we?**

* We are from a federal public health agency, the Agency for Toxic Substances and Disease Registry (ATSDR)

**Who are we working with?**

* + Region 8 Environmental Protection Agency (EPA)
	+ Anaconda Deer Lodge County (ADLC) Health Department
	+ Montana Department of Public Health and Human Service (MDPHSS)

**Why we are doing this Exposure Investigation (EI)?**

* We are doing this EI to respond to community concerns about lead and arsenic in the environment and to help people find out if they are exposed
* We are testing lead in blood samples and arsenic in urine samples

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

* Your child/ward is invited to have his/her blood tested for lead and urine tested for arsenic.
* There is **NO COST** to you for the testing of your child/ward.
* Collect your child’s/ward’s urine sample at home and bring it to the blood collection location.
* Complete a brief questionnaire with that will ask questions regarding how your child/ward may be exposed to lead and arsenic.
* Allow a licensed phlebotomist to take a sample of your child’s/ward’s blood.

**What is included in my child’s/ward’s participation?**

There are three parts to your participation.

1. **Urine Collection and Testing for Arsenic**
	1. You will bring the first morning urine sample from your child/ward that you collected at home and froze to the blood testing location.
	2. We will send your child’s/ward’s urine to a lab to test it for arsenic.
	3. **The urine will not be tested for drugs, alcohol or HIV.**
2. **Answer a Short Questionnaire**
	1. We will ask you some questions about your home and how your child/ward might be exposed to lead and arsenic.
	2. This should take about 20 minutes.
3. **Blood Collection and Testing for Lead**
	* We will collect less than 1 teaspoon (3 milliliters) from a vein in your child’s/ward’s arm.
	* This will take 10 minutes or less.
	* We will send your child’s/ward’s blood to a lab to test it for lead.
	* **The blood will not be tested for drugs, alcohol or HIV.**

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

* The blood and urine will not be used or tested for anything else.
* The lab will throw out any leftover blood and urine.

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

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

**What are the benefits of being in this EI?**

* You will know the levels of lead in the blood and arsenic in the urine of your child/ward.
* If your child/ward is found to have high levels of lead or arsenic, ATSDR and ADLC will recommend that you follow-up with your child’s/ward’s physician and will provide you with information that will help you reduce contact with lead and arsenic.

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

* The needle stick might hurt a little.
* Some bruising may happen where the blood is taken.
* Your child/ward may feel a little lightheaded for a short time.

**How will we protect your child’s/ward’s privacy?**

* We will protect your child’s/ward’s privacy as much as the law allows.
	+ Montana law requires that we report blood lead levels to the ADLC if the result is greater than 5 µg/dL.
	+ Montana law requires that information given to the state may be made public if someone asks them for the information but your name and address will not be released.
	+ We will share the results with other agencies only with your permission. We will require our government partners to treat your information as private.
* We will give your child/ward an identification (ID) number.
	+ Your child’s/ward’s ID number, not their name, will go on the tube of blood and urine sample.
	+ We will keep a record, under lock-and-key, of your child’s/ward’s name, address, and ID number. The information will be used by ATSDR to link the results to each person and send your blood and urine test results to you.
* We will not use your child’s/ward’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. Arthur Wendel at 206-553-0454**
	+ **Dr. Matt Karwowski at 404-718-5867**
	+ **The Anaconda Exposure Investigation toll free number 888-892-1320**

**Parental/Guardian Voluntary Permission**

* I agree to have my child/ward tested.
* I agree to answer questions about my child/ward.
* I was given the chance to ask questions on behalf of my child/ward. I feel my questions have been answered.
* I know that having these tests done is my choice for my child.
* I know that even though we agreed to this testing, my child/ward may leave at any time without penalty.
	1. **Regardless of the results, may we share the test result with other federal, state, and local health and environmental agencies? YES / NO (please circle one)**
	2. **If the results are 5 µg/dL or greater, can we provide your information to the Pediatric Environmental Health Specialty Unit (PEHSU), and may they contact you for follow-up? YES / NO (please circle one)**

**Signature**

I give permission for my child/ward to be tested and agree to answer questions about my child/ward.

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Printed name of child Age Sex of child

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Signature of parent/guardian Date

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Printed name of parent/guardian

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

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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