# 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

- a. You will bring the first morning urine sample from your child/ward that you collected at home and froze to the blood testing location.
- b. We will send your child's/ward's urine to a lab to test it for arsenic.
- c. The urine will not be tested for drugs, alcohol or HIV.

#### 2. Answer a Short Questionnaire

- a. We will ask you some questions about your home and how your child/ward might be exposed to lead and arsenic.
- b. 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.
  - o Montana law requires that we report blood lead levels to the ADLC if the result is greater than  $5 \mu g/dL$ .
  - O 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.

- O 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.
  - O Your child's/ward's ID number, not their name, will go on the tube of blood and urine sample.
  - O 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:
  - o Dr. Arthur Wendel at 206-553-0454
  - o Dr. Matt Karwowski at 404-718-5867
  - o 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.
  - a. 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)
  - b. If the results are 5  $\mu$ g/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  | l and agre | ee to answer questions about my child/ward. |
| Printed name of child   | Age        | Sex of child                                |
| Signature of parent/guardian  | Date       |   |
| Printed name of parent/guardian   |            |   |
| Address of Child  |            | Telephone                                   |
|   |            |   |
| Lab ID Number   |            |   |
| Certification of Permission Form Administrator I read the permission form to the person named about the Exposure Investigation and had the qu | above. H   |   |
| Signature of person administering permission  | _          |   |