

PARENT ONLINE CONSENT FORM

Camp Good Fitness and Nutrition

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What is the purpose of this study?

Your child is invited to participate in a research study to learn about the effects of adding education to a summer camp program about nutrition and active living. The study will determine whether learning about healthy nutrition and physical activity will help your child to eat a healthy diet and be active.

What will I do if I choose to be in this study?

If your child chooses to be in the Nutrition Behavior Arm of the study, we will ask your child to make a record of his/her diet and physical activity before and after he/she attends the summer camp. The information about diet can be entered on the computer. A survey about physical activity can also be entered on the computer. A separate survey about ability to eat a healthy diet and be active can be entered on the computer. More detail about the study activities are described below.

1. **Diet Record:** On a computer application, your child will recall everything he/she has eaten and drunk during the previous day. It will take about 30 minutes to record the information. He or she can do this on a personal computer in your home at a suitable time.
2. **Survey:** Your child will be asked to answer questions about his/her physical activity and his/her ability to eat healthy and be active. These surveys can be completed on a home computer and will take about 30 minutes to answer.

How long will I be in the study?

Your child will be in the study for a total of 4 months. During the study he/she will be asked to give information at three different times (about 2 weeks before the camp, about 2 weeks after the camp and about 12 weeks after the camp).

What are the possible risks or discomforts?

While on the study, there is a risk of discomfort about answering personal questions about diet and activity as well as ability to eat and be active. Your child may tell the researcher if he/she feels uncomfortable and does not want to answer a certain question.

Are there any potential benefits?

Your child may not directly benefit from being in this study. The potential benefits of being in the study are that your child may get better knowledge about his/her nutrition and physical activity behavior.

Will I receive payment or other incentive?

Your child will receive a \$25 gift card for each time he/she gives the researcher information (\$25 for the information that is given before the camp, \$25 for the information given 2 weeks after camp, and \$25 for the information given 12 weeks after camp). The gift cards will be mailed to you after the researcher receives each set of information.

Are there costs to me for participation? (Required only if study involves possible costs to participants)

Taking part in this study will not cost you any money. We will ask you to use your personal computer for your child to enter information about his/her diet.

Will information about me and my participation be kept confidential?

The project's research records may be reviewed by the Purdue AgSEED Program, the sponsor of the study, and by departments at Purdue University responsible for regulatory and research oversight.

What are my rights if I take part in this study?

Your child's participation in this study is voluntary. Your child may choose not to participate or, if he/she agrees to participate, he/she can withdraw his/her participation at any time without penalty or loss of benefits to which he/she is otherwise entitled.

Who can I contact if I have questions about the study?

If you have questions, comments or concerns about this research project, you can talk to one of the researchers. Please contact Dr. Nana Gletsu Miller, at 765-496-9462, email ngletsu@purdue.edu

If you have questions about your rights while taking part in the study or have concerns about the treatment of research participants, please call the Human Research Protection Program at (765) 494-5942, email (irb@purdue.edu) or write to:

Human Research Protection Program - Purdue University
Ernest C. Young Hall, Room 1032
155 S. Grant St.,
West Lafayette, IN 47907-2114

Documentation of Informed Consent

I have had the opportunity to read this consent form and have the research study explained. I have had the opportunity to ask questions about the research study, and my questions have been answered. I am prepared to have my child participate in the research study described above. I will be offered a copy of this consent form after I read it.

Name of Child

- I agree
- I do not agree