

Parent Consent for Youth 11-17 INFORMED CONSENT

Department of Human Development & Family Studies

Participant Study Title

EXCITE Program Evaluation

Formal Study Title:

EXCITE Program Evaluation

PRINCIPAL INVESTIGATOR: Dr. Nathaniel Riggs, Professor

CO-INVESTIGATOR(S): Dr. Elizabeth Christensen and Alexis Hansen

SPONSOR: National Institute of Food and Agriculture

WHAT IS THE PURPOSE OF THIS STUDY?

To test the effect of the EXCITE One Health systems curriculum in increasing 4-H youths' understanding and trust in immunization.

WHY IS MY CHILD BEING INVITED TO TAKE PART IN THIS RESEARCH?

Your child is being asked to participate in this study because they are involved in a 4-H program in Routt or Larimer County and are between the ages of 11-18 years old.

WHERE IS THE STUDY GOING TO TAKE PLACE AND HOW LONG WILL IT LAST?

The study will take place during your child's regular 4-H program. During this time, they would complete one survey at the beginning of the One Health curriculum and two surveys afterwards. Each survey should only take 5-10 minutes to complete.

WHAT WILL YOUR CHILD BE ASKED TO DO?

Your child will be asked to complete 3 brief online surveys asking questions about their opinions on immunization immediately before and after a new 4-H curriculum on animal and human immunization. These surveys will include questions about how youth think and feel about immunization, a few background questions (e.g., sex, ethnicity, health problems that would make immunization difficult or dangerous), and a few questions regarding your child's immunization-history, including whether or not they have received the human papillomavirus (HPV) and COVID-19 immunizations. Your child's name will not be collected, so no one else will know how they answered.

ARE THERE ANY BENEFITS FROM TAKING PART IN THIS STUDY?

There may be no direct benefit to your child as a participant in this study, but we hope to learn more about how youth receiving the 4-H One Health curriculum feel about immunization. This will help researchers better understand interventions and strategies to help youth feel that immunization is safe and important.

WHAT ARE THE POSSIBLE RISKS AND DISCOMFORTS?

While the level of risk is minimal, your child may feel uncomfortable answering survey questions around immunization and immunization history.

It is not possible to identify all potential risks in research procedures, but the researcher(s) have taken reasonable safeguards to minimize any known and potential, but unknown, risks.

WILL I RECEIVE ANY COMPENSATION FOR TAKING PART IN THIS STUDY?

Your child will not be compensated for participating in this research.

WHO WILL SEE THE INFORMATION THAT MY CHILD GIVES?

All information gathered in this study will be kept as confidential as possible. Your child's privacy is very important to us and the researchers will take every measure to protect it. Their information may be given out if required by law; however, the researchers will do their best to make sure that any information that is released will not identify your child. No reference will be made in written or oral materials that could link their name to this study. For this study, we will assign a code to your child's data so that the only place their name will appear in our records is on the consent form. Only the research team will have access to the link between your child, their code, and their data. All records will be stored in a restricted access folder on a restricted access drive at CSU for three years after completion of the study. After the storage time, information gathered including your child's name (e.g., consent forms) will be destroyed. While any information linking your child to this study (e.g., consent form) will be destroyed at this time, the information your child gives could be used for future studies or distributed to another research project for future research studies without your permission. We may be asked to share the research files with the sponsor or the CSU Institutional Review Board ethics committee for auditing purposes. We may publish the results of this study; however, we will keep your child's name and other identifying information private.

The research team works to ensure confidentiality to the degree permitted by technology. It is possible, although unlikely, that unauthorized individuals could gain access to your child's responses because they are responding online. However, their participation in this online survey involves risks similar to a person's everyday use of the internet.

DOES MY CHILD HAVE TO TAKE PART IN THE STUDY?

Your child’s participation in this study is voluntary. Your child may refuse to participate in this study or in any part of this study. If your child chooses to participate in the study, they may withdraw without penalty to their experiences at 4-H. Your child will be encouraged to ask questions about this study at the beginning or any time during the research study.

WHAT IF I HAVE QUESTIONS?

For questions or concerns about the study, you may contact **Nathaniel Riggs** at nathaniel.riggs@colostate.edu or **(970) 491-2684**.

For questions regarding the rights of research subjects, any complaints, or comments regarding the manner in which the study is being conducted, contact the CSU Institutional Review Board at: RICRO_IRB@mail.colostate.edu; 970-491-1553.

PARENTAL SIGNATURE FOR MINOR

As parent or guardian, I authorize _____ (print name) to become a participant for the described research evaluating the One Health curriculum. The nature and general purpose of the project have been satisfactorily explained to me by _____ and I am satisfied that proper precautions will be observed.

As parent or guardian, I DO NOT authorize _____ (print name) to become a participant for the described research evaluating the One Health curriculum.

Minor's date of birth

Parent/Guardian name (printed)

Parent/Guardian signature

Date