



Students and families,

We are excited to have you join us this summer for our Health Professions Exploration Program. Through this program, you will get a chance to explore a variety of health professions along with academic programs that lead to health professions here at K-State. You will get to learn about how nutrition affects your health. Learn about emergency medicine and the role it plays in our health care industry. You will also explore how researchers study cancer. Our goal is to expand your understanding of different health care professions, introduce a variety of academic programs that focus on human health and deepen your passion to pursue these professions.

In this handbook, you will find the necessary details for the upcoming program, along with additional waivers from some of our external partners. **Please note that the last pages of this handbook require information from you. These forms should be returned no later than June 10.**

- Check-in and -out details for your student
- Driving details for your student
- Program policy and discipline agreement signatures

We look forward to having you join us. Please reach out with any questions.

**Go Cats!**

A handwritten signature in purple ink that reads "Chelsi Medved".

Chelsi Medved  
Program Director

## WHAT TO EXPECT

We have a week full of activities planned for students. Please see the additional attachment to your email with the detailed schedule for your program.

Students can anticipate participating in different sessions most days from 8:30 a.m. – 5:00 p.m. Additionally, we have fun evening activities planned around K-State and Manhattan.

Follow us on social media @kstatehhs to see updates and photos throughout the week. We are active on Facebook and Instagram.

## CHECK-IN / CHECK-OUT PROCESS

**Check-in** will take place on **Sunday, June 23<sup>rd</sup> between 2:30-3:30 p.m. in Wefald Hall** (1805 Claflin Rd., Manhattan, KS 66506). Students will be given their room assignments at this time. Families will have the chance to help their students unpack and settle in their room.

There will be a program welcome on Sunday starting at 3:30 p.m. Families are invited to stay for this event. Here you will meet the program director and coordinators. We will do an overview of the week ahead and answer any questions.

**Check-out** will take place on **Friday, June 28<sup>th</sup>**. Families are invited to join us for lunch in Kramer Dining Center from 12:30-1:30 p.m. and for a short closing program from 1:45-2:00 p.m. Directly following the program, students and families will be able to collect their belongings and leave campus.

Each participant will receive (1) complimentary guest pass for lunch. Any additional guests wishing to have lunch can pay \$11 by cash or card at the dining hall.

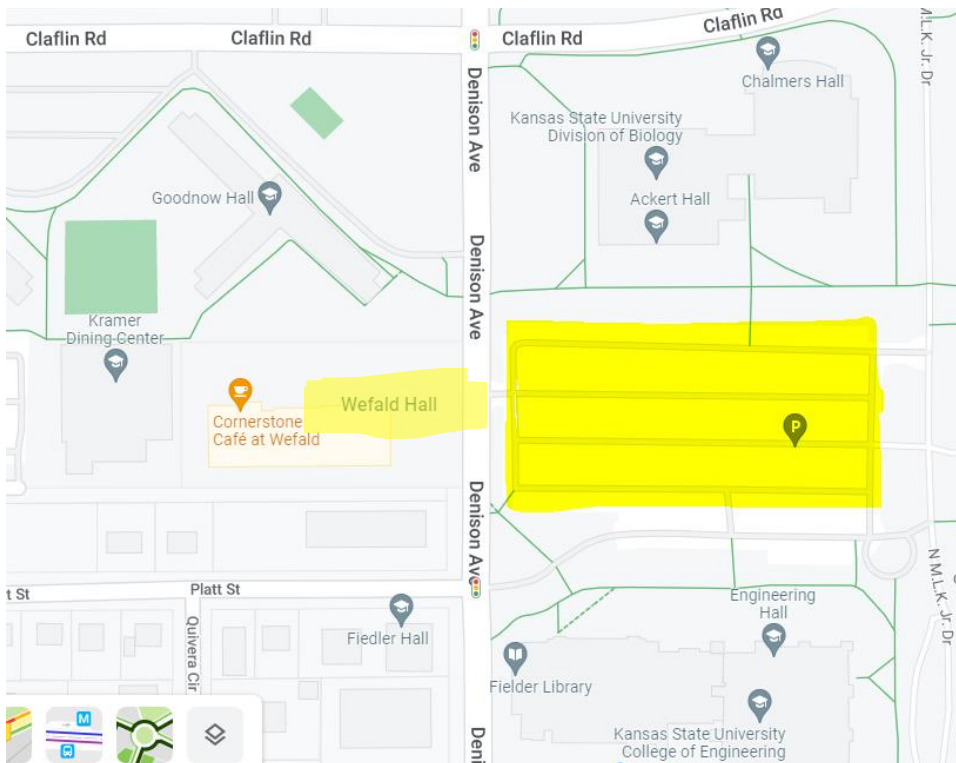
## PARKING

Students planning to drive themselves to the summer program will be provided a parking pass that will be available to them upon check-in.

Families that will be on campus temporarily for the closing programs will also be provided temporary parking passes.

Below is a map of the parking lot where students and families will be able to park. Directly across Denison Avenue is Wefald Hall where students will check in and stay for the week. Please use this lot for both check-in and check-out.

Once parked, please walk across Denison Avenue at the crosswalk. Check-in for the program will be located directly inside Wefald Hall.



## HOUSING & MEALS

Students will be staying in the Wefald residence hall on K-State's Manhattan campus. Each student will be assigned a room based on their preference of a single or double room.

Meals will be served in the Kramer Dining Center. Students will receive three meals a day, served buffet-style which allows students to select from a variety of options. Dietitians are on staff to help accommodate any dietary needs.

Each student will be issued an access card and key for their room. The access card will be used at meals and to use the elevator in Wefald Hall.

The key will be given to only the student and their roommate. Students will be encouraged to lock their room while away from the residence hall.

Students will be sharing a community-style restroom. The restroom has a common space with sinks and mirrors and each shower and toilet is located in an individual locking stall.

Wireless internet access will be available at no additional cost. Internet access information will be provided in your residence hall room. Laundry facilities are available on site if needed.

## PACKING LIST

Each student's room will include the following:

- Single bed
- Desk and chair
- Closet and storage drawers
- Bath towel, hand towel, and washcloth (towels may be exchanged as needed)
- Blanket, sheets, pillow, and pillowcase (please note beds will not be made)

\*A reusable bag, water bottle, lanyard, notebook and pen will be provided to each student

Students are encouraged to bring the following:

### ☐ Clothes

- Casual, athletic or everyday wear encouraged. We will be walking a lot outdoors and have physical activities. Please make sure to bring comfortable clothing. Shorts, leggings, and t-shirts are perfectly fine.
- Hoodie, jacket, or sleeves as some buildings on campus can be chilly
- There will be a lot of walking outside, so comfortable shoes are highly recommended
- Close-toed shoes will be required for certain activities
- Due to a variety of activities each day, students may want to bring 1-2 extra sets of clothes
- One of our activities will be done on a trail. Please bring a pair of athletic shoes you are ok with potentially getting dirty.

- ❑ Toiletries
  - Bath soap, toothbrush, toothpaste, deodorant, shower shoes, feminine products, shampoo
- ❑ Medications
  - All medications will be the responsibility of the student to store in their room unless they are a controlled substance
- ❑ Spending money
  - There are vending machines and a coffee/ snack bar in the residence hall that students can purchase items from if they wish
- ❑ Any additional bedding, pillows or towels that you would like.
  - The provided blanket is thin, so we encourage you to bring an additional blanket.
  - The sheet that is provided is not fitted. If you prefer fitted sheets, you may want to bring an XL twin sheet set.
- ❑ Bag/backpack to carry belongings in during programming
  - A small tote bag will be provided to each student if they wish to use it throughout the week
- ❑ Snacks (there will be snacks provided throughout the week, but students are welcome to bring their own)
- ❑ State-issued ID

\*Students are allowed to bring their phones if they wish

## PROGRAM STAFF

You will be spending the week with our 3 rockstar student coordinators. Learn more about them below!

**Caden Rowan**, junior in integrative physiology

- Hometown: Ellinwood, Kansas
- Future career goals: Emergency medicine physician
- Favorite pastime: I love to go to the gym or spend time with friends
- Favorite thing about K-State: Call Hall! I love ice cream!

### **Grace Schieferecke, senior in medical microbiology**

- Hometown: Edudora, Kansas
- Future career goals: Get my MD and work at an outpatient clinic
- Favorite pastime: Crochet, rock climbing or playing music
- Favorite thing about K-State: The campus is full of welcoming people!

### **Madelyn Seiler, junior in medical microbiology**

- Hometown: Hays, Kansas
- Future career goals: I would like to become a physician, but I am not sure which kind yet.
- Favorite pastime: Singing or baking
- Favorite thing about K-State: Getting to spend every day with my friends making memories and having fun!

### **Program Director**

Chelsi Medved

Email: [cmedved@k-state.edu](mailto:cmedved@k-state.edu)

Phone: 785-532-5500 (M-F, 9-4 pm)

\*Above phone is for communication prior to summer program. Any communication on or after Saturday, June 22<sup>nd</sup> can be sent to 785-477-5524 by call or text message.

# PROGRAM POLICIES

Emergency and week-of phone contact: 785-477-5524

In the event of an emergency or a need to reach your student, please call or text **785-477-5524**. This phone will be always with a student coordinator. This will likely be the number we will contact you from if we need to get ahold of you. ***While your student is permitted to carry their personal phone with them, we encourage limited use so students can be fully present during the program.***

1. Participants are not allowed to drive or ride in personal vehicles during the dates of the program unless they receive specific permission from the program director. While we understand that some participants will drive to campus, our policy is that they must turn their car keys into the program director for the duration of the workshop. Any vehicles parked on campus must have a university parking permit. Parking permits are issued online and are free to participants. Those who notify us that they will be parking on campus will receive instructions on how to register their vehicle. Neither Kansas State University, nor the program staff, will be responsible for damage to vehicles or for any parking tickets, fines, or towing charges that result from violations.
2. During program transportation for program activities off-campus, students will be driven in university vehicles and expected to always wear their seat belt.
3. Participants are to remain on campus for the duration of the program unless program activities require otherwise. If a participant needs to leave campus for any reason, the program coordinators and director must receive prior written permission from the parent or guardian and grant specific permission.
4. Regulations prohibit the use of alcohol and illegal substances on campus. Participants may not possess, use, distribute, or sell alcoholic beverages, drugs, firearms, weapons or fireworks.
5. Co-ed visitation in the residence halls is permitted in the floor lobby area only. The only people permitted in rooms are staff, members of the participant's immediate family, the participant's roommate and other participants of the same gender residing in that residence hall.
6. Program and K-State staff reserve the right to enter the student's room if there is reason to believe there is damaging of property, risk of student hurting themselves or others, or actions against program policy.
7. Participants must attend all workshops, classes, and planned social or recreational activities. Full participation is the only way a participant can gain real value from the program.
8. Participants will refrain from using electronic devices (i.e. cell phones, iPads, computers, etc.) during instructional periods unless authorized by the student coordinator, program director, university faculty or staff.
9. Participants will abide by nightly curfews and may only sleep in the room that was assigned to them at check-in. A nightly "lights out" call will not be given but students should plan to receive adequate rest for the next day's sessions.

All participants will be required to stay on the assigned residence hall floor(s) between 10:30 p.m. and 6 a.m. unless specific permission is given.

10. The use of cameras, imaging and digital devices is prohibited in restrooms and anywhere else privacy is expected by participants or program personnel.
11. Participants must abide by rules and guidelines set by the instructors for each academic facility in use.
12. In accordance with state law, smoking is prohibited by anyone under the age of 21. Smoking and/or vaping is not permitted on the Kansas State University campus.
13. Any individual found tampering with any fire equipment (i.e. fire extinguishers, fire alarms, smoke detectors, etc.) will be dismissed from the program immediately. Participants may not interfere with any security system or tamper with locks in participant rooms or other areas.
14. All furniture must remain unchanged and kept in place. Beds may not be lofted.
15. Vandalism and pranks will not be permitted. Any damage caused in rooms or common areas will be charged to the party responsible. Replacement costs will be charged to anyone who removes or damages University property.
16. Participants should keep their rooms locked at all times, even if leaving the room for only a few minutes. Neither Kansas State University, nor the program staff, are responsible for lost or stolen items. A participant should take their room key when leaving the room. Those who lose a key must pay for a replacement. Please leave excess money and other valuables at home. Valuables, including jewelry, cell phones, iPads, laptops, etc., are brought to the program at participant's own risk.
17. Harassment, violence, sexual abuse, hazing or bullying of participants or staff will not be tolerated.



## **INFORMATION NEEDED**

Please return pages 9-16 of the handbook to Chelsi by 10.

They can be emailed to [cmedved@k-state.edu](mailto:cmedved@k-state.edu).

**Participant's Name:**

### **Disciplinary Procedures**

I have read the program policies and understand that the camp reserves the right to dismiss a student whose conduct is dangerous, illegal, or at the discretion of the program director, detrimental to the camp and/or to other campers, otherwise unsatisfactory, or does not meet the program policies.

STUDENT SIGNATURE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

### **Session Topics**

In learning about the health care industry and health-related professions, areas such as mental health, nutrition and exercise will be discussed. We understand that these topics may be triggering to some participants.

My participant may have triggers from these topics: \_\_\_\_\_

My participant should not be triggered by any topic discussed during sessions

### **Family Lunch on Friday**

Will a guest be utilizing the complimentary lunch pass on Friday, June 28<sup>th</sup>? If so, please provide their name on the line below. Only one complimentary meal is provided. If you will have additional guests, please place how many guests below so we can prepare the dining hall. Additional guests will be charged \$11 when they arrive at the dining hall. Cash or card can be accepted.

\_\_\_\_\_ # of additional guests: \_\_\_\_\_

## Check Out

Please list the names of the individuals who can check your student out from the program. If students will be driving themselves and not having someone check them out, please note that.

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## How will your student be arriving on campus:

\_\_\_\_\_ Driving themselves \_\_\_\_\_ Riding with family \_\_\_\_\_ Riding with friends

## Additional Waivers

### Research

Many of the session leaders your student will interact with are researchers. Some of our session leaders may use the work students do during the program as data for current research projects. At this end of this document, you will find a waiver to allow those researchers to use data collected during the session as part of their research.

## External Organizations

We are excited to have external organizations (Wildwood Adventure Park and Stormont Vail) participating in this year's summer program. As external organizations, some require their own waivers. Below, please find the additional waivers that should be completed and returned with this form or submitted through the online portal provided.

Participants will take on the obstacle course as they learn about health and the role that outdoors can play in our health. Waivers for the June 23<sup>rd</sup> program can be completed here:

[https://waiver.smartwaiver.com/w/aj9zfxurabtttsqtcytxdt/web/?auto\\_tag=fh\\_id\\_221243244](https://waiver.smartwaiver.com/w/aj9zfxurabtttsqtcytxdt/web/?auto_tag=fh_id_221243244)

**Stormont Vail Health**  
**Academic Experiential Learning Program**  
**Authorization to Participate and Waiver of Liability**

As the parent or guardian for \_\_\_\_\_ (printed name of participating minor/leave blank if an adult participant), or as an adult (over the age of 18), I hereby provide authorization for participation in Stormont-Vail HealthCare, Inc.'s (SVH) Academic Experiential Learning Program ("Program") as a "Participant." I understand that this activity will involve movement to various areas of SVH and will include the opportunity to participate in various 'hands on' experiential learning activities.

To participate in the Program, Participants must be free from communicable diseases and be able to provide, if asked, proof of immunization/immunity by laboratory results/natural disease history of any requested diseases in advance of the learning experience, including but not limited to tuberculosis, influenza and COVID-19 or have been approved for an exemption by the SVH Human Resources Department.

While it is not expected that Participants will make physical contact with patients, it should be recognized that they should not participate if they are not feeling well on the day of the experiential learning activity and will notify the assigned guide if they feel, for any reason, that they should not participate in any parts of the Program.

Participation in the Program includes observing patient care settings in a healthcare environment and may involve observing medical, laboratory, patient transport and/or business procedures. It is understood that healthcare settings carry some inherent risks, including but not limited to, exposure to unfamiliar sights, sounds, smells, and other risks associated with clinical settings.

Participants are expected to follow the instructions of their guide and any SVH employees throughout the tour and will not seek access to other areas of the facility without permission. Participants will respect the privacy of SVH patients and will not take photographs, videos or post information to social media that includes any patient(s) or people not participating in the Program without permission. While it is unlikely that Participants will have access to any personal health information of SVH patients while on site, should they encounter such information, they will maintain the information's confidentiality and will not share the information with others. It is further understood that SVH is not able to take responsibility for safeguarding the Participant's valuables or personal property and that the Participant will maintain responsibility for anything that is brought into the facility.

On behalf of or as the Participant in this Program, I accept full responsibility for the behavior, well-being, and health of the Participant throughout the event, which may involve a variety of activities, unfamiliar locations, modes of travel and experiences. In consideration for participation in this event, I knowingly and willingly accept these risks and, hereby, waive any and all claims against SVH, their providers, and staff and release them from any responsibility for any injury or accident that may occur as a result of participation in the Program. Any medical expenses incurred as a result of injury or accident during the event will be my responsibility.

I understand that, in case of a medical emergency, every attempt will be made to contact the minor's parent or guardian or a designated emergency contact before medical action is taken. However, this document is my consent for emergency treatment and/or procedures necessary for the treatment of the Participant by SVH during the program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent/Guardian Printed Name** \_\_\_\_\_

**OR**

**Adult Participant Signature** \_\_\_\_\_

**Adult Participant Printed Name** \_\_\_\_\_

**Required**

**Home Address (Street or PO Box, City, State, Zip)**

\_\_\_\_\_

**Emergency Contact Number/Information**

\_\_\_\_\_

Revised 8/5/2021

# *Marketing, Advertising, Photography and Promotional Authorization Form*

I give my consent to Stormont Vail Health to make and use images of me and to use information about me that I have provided as described in this Release.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date of Birth

Images may be used for the following purposes:

\_\_\_\_\_ Internal Use (including education or quality/performance improvement)

\_\_\_\_\_ External Use, specifically:

\_\_\_\_\_ Media Interview\*

\_\_\_\_\_ Advertisement or Printed Material\*

\_\_\_\_\_ Display\*

\_\_\_\_\_ Medical Publications or Website\*

\_\_\_\_\_ Medical/Other Education

\_\_\_\_\_ Televised/Commercial

\_\_\_\_\_ Research

\_\_\_\_\_ Programming\*

\_\_\_\_\_ Other\* \_\_\_\_\_

\_\_\_\_\_ All of the above\*

\*Prior to the event, Marketing & Communications must approve and coordinate all activities

- I understand that this Authorization applies to information and images in any format, including photographs, video recordings, audio recordings, digital and electronic recordings, films, or other images of any type that may be taken of me for purposes other than medical care.
- I understand that such information and photographs or images may be used for internal and external purposes. Internal use may include performance improvement efforts or education. External use may include commercial filming, televised programming, or marketing media intended either for the public or for the education of non-Stormont Vail employees.
- I understand that every effort will be made to obtain my authorization prior to interview and/or filming/ recording/photographing. If authorization cannot be obtained prior to the interview and/or filming/recording/ photographing, then such information or images will not be used unless my consent is obtained and documented.
- I understand that I may request that interviewing/recording/filming be stopped at any time.
- I understand that I may rescind my consent at any time by notifying the Stormont Vail Marketing Department at (785) 354-6120. If I rescind my consent, then the information

and/or images in Stormont Vail's possession or control will be destroyed or my information or image will be removed from the product before further use. However, I understand that rescinding my consent will have no effect on prior use of the information or images. I further understand that I must directly notify the entity named below in order to rescind my consent if the information or images are not in Stormont Vail's possession.

- I understand that images contained in my medical record and made for purposes of medical care will not under any circumstance be removed from my medical record.
- I understand that such images are the property of Stormont Vail Health or the entity that created such images (Name of Entity: Health Professions Exploration Program), and that I will not be notified prior to use or publication of the images. I understand that I will not have any opportunity to view or approve the image prior to its use.
- I understand that there will be no remuneration paid to me or anyone related to me for the use of this information or images.

\_\_\_\_\_  
Signature of Subject/Patient/Legal Guardian

\_\_\_\_\_  
Address/City/State/Zip

\_\_\_\_\_  
Signature of Guardian (if under 18)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address/City/State/Zip

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### REVOCATION

I hereby rescind the consent documented above.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Original: October 2003 Revised November 16, 2010, December 19, 2016, August 2019, January 2023

Participant's Name: \_\_\_\_\_

**Project Title:** Heath Professions Exploration Program – Evaluation of the Student Nature Session

<b>Principal Investigators:</b> Gina Besenyi, MPH, PhD Emily Mailey, PhD	<b>Principal Investigator telephone number (available 24/7 and for emergencies):</b> 785-532-0836
	<b>Other Study Contact Numbers</b> Dr. Lisa Rubin Chair, Committee on Research Involving Human Subjects at (785) 532-3224 or Brad Woods Associate Vice President for Research Compliance at (785) 532-3224

**Key Information Section**

Students in the Summer Health Professions Exploration Program are being asked to participate in a research study as part of the outdoor nature session. This activity will be facilitated by Dr. Gina Besenyi and Dr. Emily Mailey from the K-State Kinesiology department. To learn more about the impact of outdoor physical activity, they would like students to complete a brief survey before and after the outdoor physical activity. The survey should take no more than 5 minutes. They would like to use results of the survey for research purposes, which requires parental consent and youth assent (agreement). Participation in the survey is completely voluntary and you or your child can stop at any time. Participation in this study will not affect your child's ability to complete any other parts of the nature session or the Health Professions Exploration Program.

This form contains information that will help you decide whether to take part. All of this information is important, but here are some key important points to keep in mind:

- It is completely up to you and your child whether you wish them take part in this study.
  - Even if your child joins the study, they are free to leave at any time if either of you change your mind.
- This is research; social behavioral researchers do research to learn about many different things.
- All personally identifying information will be assigned an ID number to protect your child's information. No data that can identify you will be published.
- No information that could identify your child will be shared.
- The purpose of the study is to understand how outdoor physical activity affects your child's feelings such as how tired, energetic, stressed, etc. they feel.
- The expected duration of the study is 2 hours.
- Foreseeable risks and discomforts your child may experience during or after the outdoor physical activity session. There is also a risk of injury during any physical activity and we describe information below to minimize those risks. The session will be outdoors, so there may be cold, heat, wind or pollen.

- Physical activity has many benefits. Your child may learn new ways to be active outdoors. Your child may also notice better mood and energy. Your child may also see less fatigue, anxiety and stress levels.

Your child is being asked to take part in this research study. The purpose of this document is to:

- Explain your and your child's rights and responsibilities
- Explain the purpose of the study
- Describe what will happen if you decide to take part in this study
- Explain the potential risks and benefits of taking part in the study

Participation in research studies is voluntary. Please read this consent form carefully and take your time making your decision. As the study staff discusses this consent form with you, please ask them to explain any words or information that you do not clearly understand. If you have any question or concern about the study, tell any study team member or program staff.

### **Why is this study being done?**

The purpose of this study is to understand the immediate effects of an outdoor physical activity session on feelings of energy, tiredness, stress, and interest in future participation. Outdoor physical activity is good for mental and physical health and can be a valuable part of future healthcare providers toolkits. There will be up to 50 participants enrolled across two program sessions

### **How long will I be in this study?**

Active participation in this study is expected to take 2 hours including pre and post surveys and a short obstacle course at Wildwood Adventure Park. You or your child can choose not to be in the study or stop participating at any time without penalty or loss of any rights or benefits you are entitled to.

### **What will happen to me in the study?**

- Your child will be asked to participate in two 5-minute surveys before and after participation in the outdoor nature session.
- We will collect information about your child including age, gender, and future health career. We will also measure levels of energy, tiredness, stress, enjoyment of the session, participation in physical activity, time spent in nature, interest in outdoor physical activity, and rate of perceived exertion during the activity.
- Sessions will be led by Dr. Gina Besenyi and/or Dr. Emily Mailey

### **What are the risks of being in this study?**

Although the risks are considered minimal, as a result of your child's participation in this study, they may have the following side effects and/or discomforts. They may have some discomfort during or after activity. There is also a risk of injury during activity. We will reduce risks by reviewing safety and observing activity. Wildwood staff will also be onsite to ensure safety. There may be more risks that are not known or not expected.



**Will I benefit from this study?**

Outdoor physical activity has many benefits. Your child may learn new ways to be active in outdoor settings. Your child may also notice better mood and energy. Your child may also see less fatigue, anxiety and stress levels. Data from this study may help others like you in the future.

**Who will see my study information?**

Study team members, the sponsor of the study, and their representatives will be able to see your child's study information. Your child's records may also be reviewed in order to meet federal or state regulations. Reviewers may include the Kansas State University Institutional Review Board (the committees who oversee safety of volunteers in research studies).

**How will you keep my study information confidential?**

Your child will not be identified in study records or publications disclosed outside the study. Steps will be taken to protect your child's privacy. We will assign your child an ID number. Data that can identify you will not be published. All information will be stored on a password-protected server and researchers may keep the raw data for up to 2 years after the study for analysis. No information that could identify you will be shared.

**What are my costs (what will it cost me) for taking part in the study?**

It will not cost you or your child anything to take part in the study.

**Will I or my child be paid for participation in this study?**

No.

**What happens if I am injured or hurt because I took part in this study?**

Staff from Kansas State University Health Professions Exploration Program and Wildwood Adventure park will be onsite during the entire study. If your child thinks they have suffered a related injury, they should inform staff immediately so that appropriate medical care may be provided. In the event that this research related activity results in an injury, treatment will be made available including first aid, emergency treatment, and follow-up care as needed. Cost for such care will be billed in the ordinary manner to you or your insurance company.

No reimbursement, compensation, or free medical care is offered by Kansas State University (KSU). You do not give up your legal rights by participating in this study.

**Who can answer my questions about this study?**

You can ask questions about this study at any time. Please contact the study staff listed on page 1 of this document if you have questions about:

- Study procedures
- Reporting an injury or other problem
- Leaving the study before it is finished
- Expressing a concern about the study
- Any other questions you may have about the study

Participant's Name: \_\_\_\_\_

**Who can I contact to discuss my rights, problems, concerns, questions, or complaints I have as a study participant?**

You may contact Lisa Rubin Chair, Committee on Research Involving Human Subjects at (785) 532-3224 or Brad Woods Associate Vice President for Research Compliance at (785) 532-3224 located in 203 Fairchild Hall, Kansas State University, Manhattan, KS 66506.

**STATEMENT OF INFORMED CONSENT**

**Parent/Guardian:** I have read (or have had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent for my child to participate in this study, although I have been told that they may withdraw at any time without negative consequences. I have received (or will receive) a copy of this form for my records and future reference.

Parent/Guardian (print): \_\_\_\_\_ Relation: \_\_\_\_\_

Parent/Guardian (signature): \_\_\_\_\_ Date \_\_\_\_\_

**Minor:** I have read the description of the study in this form, and I have been told what the procedures are and what I will be asked to do in this study. Any questions I had have been answered. I understand that group discussions may be audio-recorded. I have received permission from my parent(s) to participate in the study, and I agree to participate in it. I know that I can quit the study at any time.

Participant (print): \_\_\_\_\_

Participant (signature): \_\_\_\_\_ Date \_\_\_\_\_

**Researcher:** As a representative of this study, I have explained to the participant or the participant's legally authorized representative the purpose, the procedures, the possible benefits, and the risks of this research study; the alternatives to being in the study; the voluntary nature of the study; and how privacy will be protected.

\_\_\_\_\_  
Signature of Investigator obtaining consent

\_\_\_\_\_  
Date /Time (00:00)