

Please return to school ASAP

CHILD CONSENT FORM

Project Title: Play activity in a regional Alberta public school district.

Investigators:

Dr. Mary Doe, University of Alberta

Dr. John Doe, Concordia University College of Alberta

Funding Agency: Social Sciences and Humanities Research Council of Canada

The information requested on this form is being collected pursuant to the *School Act – Freedom of Information and Protection of Privacy* (FOIPP). Information acquired through this form has been approved by the Concordia University College of Alberta, the University of Victoria, and the University of Alberta, and will be kept secure with access to the information restricted to the researchers and their research assistants.

The aim of the research is to examine play activity in elementary schools. This research will involve students from a wide range of diverse backgrounds and abilities learning with their peers in regular schools.

Between **June 2009 and June 2010**, I will collect data for a case study in your school with my research team. Part of this case study involved taking video to try and further illustrate various types of play activities among elementary students. Your child will likely be included in some of the video to be taken. In order to be consistent with the Canadian Freedom of Information and Privacy Act (FOIP) and ethical guidelines, I am seeking your written consent to use the video (which I can share with you on request) in a documentary for the Updike Regional School Division, and also in scholarly presentations and publications. *I invite you to please complete this consent form and return it directly to the school.*

* I understand that participation in this study may be terminated at any time by my request or that of the investigators. Participating in this project and/or withdrawal from this project will not have any consequent effect. I understand that this study will not involve any greater risk than those ordinarily occurring in daily life.

* I understand that other than this form and the visual image/s for which I am providing consent to use, no identifying information is required of me or my child to ensure participant anonymity. I understand that no other personally identifying information will be released or used to report the data in any published reports. I understand that research personnel will sign confidentiality agreements. I understand that all data will be kept in a locked file cabinet in a locked office at Concordia University College of Alberta and destroyed five years after publication of the study results.

Your signature on this form indicates that you have understood to your satisfaction the information regarding the research project and that you agree to allow your child to participate. In no way does this waive your legal rights or those of your child, nor release the investigators, sponsors, or involved institutions from their legal and professional responsibilities. You or your child are free to withdraw at any time. If you should have further questions concerning matters related to this research, please contact: Dr. John Doe on (780) 479-9999.

The plan for this study has been reviewed for its adherence to ethical guidelines and approved by the Research Ethics Board of Concordia University College of Alberta. For questions regarding participant rights and ethical conduct of research, contact the Chair of the REB at (780) 492-9999 and/or Dr. John Smith, Dean of Graduate Studies at Concordia, on 780 479 1111.

THANK YOU FOR YOUR CONSIDERATION

I hereby give my consent to participate in this study:

(Please Print Full Legal Name)

(Signature)

(Date)

John Doe

Your phone #:



