**MULTIMEDIA EDUCATION GAMES FOR NUTRIENTS**

**‘HEALTHY ADVENTURE NUTRITION 2018’ CONSENT FORM**

**Title of the Final Year Project: Multimedia Education Games for Nutrients!**

**Project Application Name: Healthy Nutrition Adventure 2018**

**SECTION A (To be filled by Participant)**

Please read the Information Sheet very carefully before filling up the Consent Form. You may withdraw your participation anytime during the study without question. Any questions you have can be kindly asked to the researcher of the project.

**Name of Participant:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (You can choose not to fill this.)

**Age:**

**Gender:**

Please tick the following boxes to ensure you have been well-informed about the project study that you are going to undertake.

□ I have read and understood the Information Sheet and am well informed that I will give my feedback and opinion after the study/or playing ‘Healthy Nutrition Adventure 2018.’

**SECTION B (Signage and Agreement)**

Date of Participation: \_\_\_\_\_\_\_\_\_\_\_\_\_

E-signature of Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-signature of Parent/or Supervisory Guardian: \_\_\_\_\_\_\_\_\_\_\_

E-signature of Researcher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_