|  |  |
| --- | --- |
|  | University of Southern Queensland |
| **Parent/Carer Consent Form** |

|  |
| --- |
| **Project Details** |

|  |  |
| --- | --- |
| **Title of Project:** | **Using Wearable Cameras to Understand Children’s Interactions with Screens: A Feasibility Study** |
| **Human Research Ethics Approval Number:** | **H19REA248** |

|  |
| --- |
| **Research Team Contact Details** |

|  |  |
| --- | --- |
| **Principal Investigator** | **Principal Supervisor** |
| Mr. George Thomas  Email: [George.Thomas@usq.edu.au](mailto:George.Thomas@usq.edu.au)  Telephone: (07) 34704455  Mobile: 0473195605  **Associate Supervisor**  Dr Katrien De Cocker  Email: [Katrien.DeCocker@usq.edu.au](mailto:Katrien.DeCocker@usq.edu.au)  Telephone: (07) 34704110  Mobile: 0452138987 | Professor Stuart Biddle  Email: [Stuart.Biddle@usq.edu.au](mailto:Stuart.Biddle@usq.edu.au)  Telephone: (07) 34704119  Mobile: 0466320661  **Associate Supervisor**  Dr Jason Bennie  Email: [Jason.Bennie@usq.edu.au](mailto:Jason.Bennie@usq.edu.au)  Telephone: (07) 34704136  Mobile: 0430283352 |

|  |
| --- |
| **Statement of Consent** |

**By signing below, you are indicating that you:**

|  |  |
| --- | --- |
| * Have read and understood the document regarding this project. | Yes / No |
| * Have discussed your child’s involvement with your child and other family members. | ☐Yes / No |
| * Agree to permit your child to wear a wearable camera during the study. | ☐Yes / No |
| * Understand that the project will adhere to strict guidelines for using wearable cameras in human research (prof. Kelly and colleagues in *American Journal of Preventive Medicine*, 2013). | ☐Yes / No |
| * Understand that the wearable camera will take images in free-living conditions. | ☐Yes / No |
| * Understand that you and your child will have an opportunity to review all images taken and delete any image before the research team has access. Following this review or if you choose not to review the images, you agree for the Principal Investigator to have access to the remaining images. | ☐Yes / No |
| * Understand that the researcher will not provide any images to you under any circumstances. | ☐Yes / No |
| * Understand that if you have any additional questions you can contact the Principal Investigator. | ☐Yes / No |
| * Have had the procedures required for the project and time involved explained to you, and any questions you have about the project have been answered to your satisfaction. | Yes / No |
| * Understand that involvement in this study is confidential and that the information gained during the study may be published, but no participant information (including images) will be used in any way that reveals their identity. | ☐Yes / ☐No |
| * Understand that if you suspect an image contains an illegal activity during the review process, you must notify the Principal Investigator and that any remaining images after the review stage contains illegal activities (e.g., physical abuse, drug use), it may be passed on to appropriate authorities. | ☐Yes / ☐No |
| * Understand that your child can withdrawal from the study up to one-week after taking part in the study with no consequences. If your child withdrawals prior to the conclusion of the study, his/her data will be removed. I understand that after one-week following the conclusion of the study, the researchers will no longer be able to remove their data. | ☐Yes / ☐No |
| * Consent to being involved in the following activities: * Completing a short questionnaire at the start of the study. * Your child wearing a camera for four days (approx. 32 hours). * Your child completing a diary log to record your wake-up time, camera-wear time, and bed time. | ☐Yes / ☐No |
| * Understand that the Principal Investigator will prompt you via text message using the mobile number provided to ensure your child has put the camera on after school on weekdays and at the start of the day on the weekend. | ☐Yes / ☐No |
| * Agree that any data collected (no images, only coded and unidentifiable data) may be used in future research activities related to this field. | ☐Yes / ☐No |
| * Agree for your child to participate in the project. | ☐Yes / ☐No |

|  |  |
| --- | --- |
| Name |  |
|  |  |
| Child Name |  |
|  |  |
| Mobile Number |  |

|  |  |
| --- | --- |
| Email |  |
|  |  |
| Date |  |
|  |  |
| Signature |  |

**You can return the forms to your child’s classroom teacher using the sealed envelope (use envelope 1) or email forms to** [**George.Thomas@usq.edu.au**](mailto:George.Thomas@usq.edu.au)