

I am asking you to participate in a research study titled *The Influence of Education of Hazardous Cosmetic Chemicals on Teenage Consumerism*. I will describe this study to you and answer any of your questions. This study is being led by Seher Saleem. The Faculty Advisor for this study is Mr. Gregory Brink of Sewanhaka High School's Science Department.

What the study is about

The purpose of this research is to determine the popularity of ingredients that can potentially cause breast cancer in everyday products such as cosmetics and personal care items. As a continuation, I will provide some educational material (i.e. videos) about such ingredients and how to avoid them. I will also do follow-up surveys to determine whether or not the material is being taken seriously and into practice.

What we will ask you to do

I will ask you to join a Remind group. Following that, I will call you for a presentation that can help you identify any potentially harmful ingredients in the future. How you use this material will be assessed through surveys that ask if you are replacing your unsafe products (if there are any), looking at labels to identify for potentially harmful ingredients, and/or taking steps to choose safer products.

Risks and discomforts

After realizing that you could be using beauty products that may have potentially carcinogenic ingredients, you might have a sense of worry, fear, and/of paranoia. However, it is important to remember that the studies on which these claims are made are either premature or not testable on humans.

Benefits

You will learn ways to decrease your risk of developing breast cancer and/or other reproductive issues.

Compensation for participation

There will be no compensation for participating in this study.

Audio/Video Recording

There will be no audio or video recording done throughout this.

Privacy/Confidentiality/Data Security

Surveys will be examined by no one but Seher Saleem.

Your confidentiality will be kept to the degree permitted by the technology being used. We cannot guarantee against interception of data sent via the internet by third parties.

Future use of Identifiable Data or Specimens Collected in this Research

Your information will not be used or distributed for future research studies

Participation is voluntary

Your participation is *completely* voluntary. However, if you choose to participate, please note that you must take part in educational sessions and the follow-up surveys. All surveys must be completed on time. If you are uncomfortable with these conditions, you can choose not to participate.

Follow-up surveys

We will contact you after the educational session for a series of follow-up surveys that are mandatory for participation. You may complete them at home, but they must be sent to Seher Saleem as soon as possible.

If you have questions

Any questions can be asked at meet-ups or interviews, including this one. Other questions can be asked at the following email (shsscire@gmail.com).

Please note that email communication is neither private nor secure. Though we are taking precautions to protect your privacy, you should be aware that information sent through e-mail could be read by a third party.

Statement of Consent

I have read the above information, and have received answers to any questions I asked. I consent to take part in the study.

Your Signature_____ Date_____

Your Name (printed)_____

Signature of person obtaining consent_____ Date_____

Printed name of person obtaining consent_____

This consent form will be kept by the researcher for one year beyond the end of the study.

PERFORMANCE AGREEMENT AND RELEASE

Minor Release Form for Parents

I, _____, enter into this agreement on behalf of my minor daughter, _____ I have been informed and understand that Seher Saleem is designing a project in which my daughter's participation will be needed.

I hereby grant my permission for her to make and use any recorded audio of my daughter in whole or in part. This includes, without limitation, the right to edit, mix or duplicate, and to use or reuse recordings in which she has participated, in whole or in part, without restriction as to changes or alterations. Seher Saleem shall have complete ownership of the program or programs in which she or her performance or contribution appears.

I hereby waive any and all right that I or the minor may have to inspect or approve the finished product or printed matter that may be used in connection therewith.

I expressly release all persons acting under permission or authority of this study from any claim or liability arising out of or in any way connected with the above uses and representations including any and all claims for defamation or copyright infringement.

I understand that the minor will not be named in the credits of the work.

I hereby warrant that I am over the age of eighteen and have every right to contract for my minor son/daughter in the above regard. I state further that I have read the above release and fully understand its contents.

DATE: _____

SIGNATURE: MOTHER/FATHER/GUARDIAN

PRINTED NAME

Minor Assent Form

I am doing a study to learn about the different ingredients that are found in cosmetic products and how they impact human health.

If you agree to be in our study, I am first going to ask you to bring in 5 of your normally used personal and/or beauty care products. This can include any makeup, sunscreen, or shampoo. After that, you and I will go over together (independently) the ingredients in them and review their safety in any way this is comfortable for you. I will then provide you some educational material about how to choose safer beauty.

Following that, I will give you some surveys about how the educational material affected your use and purchase of beauty products.

You can ask questions about this study at any time.

If you sign this paper, it means that you have read this and that you want to be in the study. If you don't want to be in the study, don't sign this paper. Being in the study is up to you, and no one will be upset if you don't sign this paper or if you change your mind later.

Your signature: _____ Date _____

Your printed name: _____ Date _____

Signature of person obtaining consent: _____ Date _____

Printed name of person obtaining consent: _____ Date _____