

Voluntary Consent

By signing below, you agree that the above information has been explained to you and to your child and all your current questions have been answered. You understand that you may ask questions about any aspect of this research study during the course of the study and in the future. By signing this form, you agree to participate in this research study.

PARENT SIGNATURE _____

DATE

11/25/2020

PRINT THE CHILD'S NAME

Hailey Koppelman**Minor's Assent**

This research has been explained to me and I agree to participate.

MINOR'S SIGNATURE _____

DATE

11/25/2020**Consent Certification**

I certify that I have explained the nature and purpose of this research study to the above individual and I have discussed the potential benefits and possible risks of participation in the study. Any questions the individual has about this study have been answered and any future questions will be answered as they arise.

SIGNATURE OF PERSON OBTAINING CONSENT _____

DATE _____