



Dear Parent,

Researchers at the University of Florida are asking for your permission to allow your child to participate in a research study called the "Social Influence Strategies during a Web-based Smoking Prevention Intervention for Adolescents". Below is a summary of what to expect if you allow your child to participate. **If you decide to let your child participate, please fill out the back of this page.**

You can contact the research coordinators, Meerah Khan (352-294-5169; meerahkhan@ufl.edu) or Stacy Porvasnik (352-294-8169; stacy.porvasnik@medicine.ufl.edu) if you have any questions about the project. You may also contact the Institutional Review Board (IRB) if you have any questions regarding your rights as a research participant by calling (352) 392-0433, or by emailing irb2@ufl.edu.

Summary:

The Khalil Lab would like to find ways to improve the health of adolescents by implementing an interactive health program at the PK Yonge Developmental Research School of the University of Florida (PKY). We will work with up to 200 adolescents ages 11-18 at PKY to participate in a health program that includes using a website and group learning activities as a part of the state-required tobacco prevention education program. All students will participate in the curriculum experience as a regular part of their course experience. Student participation in the research surveys and interviews is optional.

Students participating in our research will answer survey questions and complete interviews with the research staff. In total, your child's learning participation will take place over 10 weeks. Research staff will follow COVID-19 guidelines while visiting the PKY school to keep your child safe.

If you allow your child to participate and your child provides assent, your child can receive up to \$50 that will be given in increments as they participate in the study. Your child will receive \$5 for the first survey, \$10 for the second survey, \$15 for the third survey, and \$20 for the fourth survey (Total = \$50). We will provide you with a \$20 gift card as compensation for allowing your child to participate in the study.

A possible benefit to your child is that they could learn more about general health information and how to maintain a healthy lifestyle by participating in this project.

Your child's participation in the surveys and interviews is completely voluntary. They can decide to no longer participate, or withdraw from the study, without any consequences to their course grade or experience. The health program will be during school hours and included as a learning experience in their middle school science course. Your child's teacher will be present during the learning experience. Participation or non-participation in the study will not impact student grades or teacher interaction. If you or your child decide to end participation, please contact the research coordinator.

The information we collect for our project will be kept completely confidential. We will not discuss your child's information with anyone outside of the research staff, including parents or anyone at the after-school program. All personal information collected will be de-identified or removed from our records. The information collected will be stored physically at the University of Florida and/or the secured server network of the HOBI department at the University of Florida.

Before giving permission for your child to participate, we would like you to be aware of some risks in participating: **1.** It is possible that someone outside of our research staff could access the information collected during the study; however, appropriate steps will be taken to protect your child's information. **2.** The questions during discussion or on the survey may be uncomfortable for your child to answer. Your child may refuse to answer any question that they do not wish to answer. **3.** Although the study is not designed to explore such issues, if research staff obtain credible evidence that a participant is showing signs of distress or self-harm, staff will address this by reporting it through the Florida Abuse Hotline or the National Suicide Prevention Lifeline.



Parent/Adult Legally Representing the Participant. By signing this form, you voluntarily give your permission for the person named below to participate in this study. You hereby consent to the collection and use of data for the person named below as described above for research purposes. You are not waiving any legal rights for yourself or the person you are legally representing. After your signature, please print your name, your relationship to the participant, and print the name of the participant.

Consent: Signature
of Parent/Legal Representative

Date

Print: Name of YOUR CHILD

Parent Contact Information

PRINT PARENT FULL NAME HERE: _____

PARENT PHONE NUMBER: _____

PARENT EMAIL ADDRESS: _____

PARENT STREET ADDRESS: _____

PARENT CITY, STATE, ZIP CODE: _____