Sample informed consent form

(Parents and/or legal guardians of participants below the age of 18)

Title of the research project

Dietary habits of schoolchildren in Catalonia (Acronym and funding institution)

Please read this consent form carefully before deciding whether your child can take part in this study.

Purpose of the research

The purpose of this research is to identify dietary patterns over the year in the case of schoolchildren in Catalonia, in all contexts: school, holidays, home, celebrations, etc., with the aim ....

What participation in the study involves

First of all, we will ask your child for some basic information, such as what they remember eating or drinking in the last week. We will also ask them to identify which drinks/foods they consider most desirable from a list with icons and photographs. Finally, we will hold a workshop to prepare a meal chosen by the class with help from teachers at the school.

(...)

Duration

The survey takes around 20 minutes. The workshop to prepare the meal takes around 50 minutes.

Risks and benefits

The children's participation involves no risks of any kind. This study will give us a better understanding of the dietary habits of schoolchildren in Catalonia.

Compensation

In this case, no compensation is envisaged for taking part.

Confidentiality

If you consent to your child's participation, his/her identity will be kept confidential and only members of the research team will have access to the project data. Pseudonyms will always be used if case studies need to be presented.

This informed consent form will be kept in a safe place by the principal investigators and will be destroyed five years after the end of the project. When the project is over and all data have been analysed, the whole database will be anonymised and made available to other interested researchers.

Voluntary participation

Your child's participation in this study is completely voluntary. Your child can also fill in a consent form and can decide if he/she wants to receive further information. Depending on his/her degree of maturity, he/she can decide whether you should be informed of the study's findings. There is no penalty for opting not to take part.

Right to withdraw from the study

Your child can withdraw from the study at any time without giving explanations and with no negative consequences: just by letting us know through any communication channel. As well as this, he/she can exercise his/her rights under the European General Data Protection Regulation by making a request to \_\_\_\_\_\_\_\_\_\_ (*indicate the name and surname of the controller and his/her e-mail address*), enclosing his/her ID document. Request forms for this purpose are available on the website of the UAB Data Protection Office (<https://www.uab.cat/web/coneix-la-uab/itineraris/proteccio-de-dades/drets-de-les-persones-interessades-1345764799916.html>).

You may also file a claim before the Catalan Data Protection Authority (<https://apdcat.gencat.cat/ca/contacte>), or contact the UAB data protection officer (proteccio.dades@uab.cat).

In all cases a written response will be received within the legal time limit, stating what action has been taken.

Subsequent publication/re-use/other processing of the basic data and conservation period

Five years after the end of the project, the research data will be anonymised and made available to other researchers. Personal identifiers will be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(destroyed /kept confidentially and securely until DATE / kept confidentially and securely until the objectives of the research project are achieved).*

Recordings and use of contributions made by the child, who can also give or withhold consent

\_\_I agree to the interview with my child being recorded (audio/video) for research purposes.

\_\_I consent to his/her contributions being quoted literally, provided there is no mention of his/her name.

\_\_I consent to the use of his/her contributions in audio or video recordings for purposes of scientific dissemination, without disclosing his/her identity.

Contact person for queries about the study

If you have any queries, you can contact the following:

(PI of the research project, email address, phone number, postal address).

Consent

* I have read the information about the research project and I have had the opportunity to ask questions, which have been answered to my satisfaction.
* I understand that the anonymised information (with no personal identifiers) on this project will be placed at the disposal of other researchers some time after the project has ended.
* I consent to my child's voluntary participation and I have received a copy of this consent form.

Full name of the legal guardian of

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Researcher:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_