

**Australian Child Health and Air Pollution Study**  
**DIARY STUDY**  
**Consent Form for Participants (2)**

I, .....  
(Parent's/Guardian's Full Name)

of.....  
(Address)

have discussed this research proposal with my child and agree to permit

....., who is aged ..... years,  
(Child's Full Name)

to participate as a subject in the of the diary component of research study described in the Information Statement attached to this form.

3. I acknowledge that I have read the Information Statement, which explains the aims of the study, the nature and the possible risks of the investigation, and the statement has been explained to me to my satisfaction.
4. Before signing this Consent Form, I have been given the opportunity of asking any questions relating to any possible physical and mental harm (such as concern about tests results) my child might suffer as a result of participation and I have received satisfactory answers.
5. I understand that I can withdraw my child from the study at any time.
6. I agree that research data gathered from the results of the study may be published provided that neither my child nor I can be identified.

7. I understand that if I have any questions relating to my child's participation in this research, I may contact Project Manager on 1300 88 96 18 who will be happy to answer them.

8. I acknowledge receipt of a copy of this Consent Form and the Information Statement.

.....  
Signature of Parent/Guardian

.....  
Signature of Investigator / Project Officer

.....  
Please PRINT name

.....  
Please PRINT name

**This study has been approved by the medical research ethics committee of the University of Queensland in accordance with the National Health and Medical Research Council's guidelines. You are of course, free to discuss your participation in this study with project staff (contactable on 1300 889 618). If you would like to speak to an officer of the University not involved in the study, you may contact the Ethics Officer on 07 3365 3924.**