

**Project SAFE Pre K Swim Lesson
Research Study Consent Information**

INVITATION AND PURPOSE

Your child is being invited to take part in a research study assessing the effectiveness of the Project SAFE Pre K Swim Lesson program. This study is being conducted by Kelly S Frindell, PhD, on behalf of Colin's Hope.

WHAT WILL HAPPEN

Your child will complete a water safety questionnaire 2 times, once at the beginning and once at the end of the program, with the help of a research assistant. It will take approximately 5 minutes to complete the questionnaire, and your child may stop at any time.

PARTICIPANTS' RIGHTS

You or your child may decide to stop your child's participation in the research study at any time. You have the right to ask that any data supplied to that point be withdrawn/destroyed. There is no penalty for choosing to withdraw.

BENEFITS AND RISKS

This study poses no known risks to your child. It does not provide any tangible benefits beyond advancing scientific knowledge.

COST, REIMBURSEMENT AND COMPENSATION

Your child's participation in this study is voluntary. There is no cost to participate, and there is no reimbursement for participation.

CONFIDENTIALITY/ANONYMITY

The individual data collected will only be seen by members of our research team and will not be linked to any identifying information (e.g., name) that you supply. The data collected may be presented at conferences and in academic publications. However, we will only present data averaged over many participants. Neither your data nor your child's individual data will be personally identifiable.

FOR FURTHER INFORMATION

If you have any questions as a result of reading this information sheet, please contact: Kelly S Frindell at 512-524-6877 or kellyfrindell@gmail.com. If you have questions, comments, concerns or complaints about the research study that you would like to discuss with someone independent of the study, please contact Solutions IRB at participants@solutionsirb.com or by phone at (855) 226-4412.

By signing below, I agree to allow my child to take part in the above research study:

PARENT'S NAME: _____

PARENT'S SIGNATURE: _____ DATE: _____

CHILD'S NAME: _____ CHILD'S AGE: _____

HAS YOUR CHILD TAKEN SWIM LESSONS? (Please Circle) YES /NO IF YES, WHEN? _____

LANGUAGE SPOKEN AT HOME: (Please Circle) ENGLISH / SPANISH / OTHER

Researcher Name: _____ Date: _____

Researcher Signature: _____



Protocol Number: 2017/11/2

Approved: 11/12/2018

Expires: 11/06/2019