Sample consent form for minors (previously authorised by their legal guardians)

Title of the research project

Dietary habits of schoolchildren in Catalonia.

Please read this form very carefully before deciding whether to take part in this study.

Purpose of the research

The purpose of this research is to find out the eating habits of schoolchildren in Catalonia: at school, at home, in the holidays, in celebrations, etc.

Simple explanation of what it means to take part in the study

We will ask you, firstly, what you remember eating or drinking over the last week. We will also ask you to pick out the food and drink you like the most from a list with illustrations. Finally, we will hold a workshop to prepare a meal chosen by the class with help from your teachers.

(...)

Duration

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

Risks and benefits

Your participation involves no risks of any kind. This study will help us get to know young people's eating habits.

Compensation

No compensation is envisaged for taking part.

Voluntary participation

Your participation in this study is completely voluntary. There is no problem if you don't want to take part.

Right to withdraw from the study

If you change your mind you can stop answering our questions at any time with no negative consequences: just tell us, with no need to explain.

Use of the data

Your answers will only be read by researchers in this study and they will be kept for a time once the study is over.

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

\_\_I consent to the interview being recorded in audio or video format.

\_\_I consent to my contributions being quoted literally with no mention of my name and to audio or video recordings of my statements being played back with no mention of my name.

\_\_I consent to my interventions in audio or video recordings being used for purposes of scientific dissemination, provided steps are taken to protect my identity.

\_\_I do not want you to tell my parents about me or my tastes.

\_\_I do not want you to tell my parents about me or my tastes, unless there is a serious health issue.

Contact person

If you have any queries, you can contact your teacher.

Consent, which can be oral if necessary

* I have read the information about the research project and I have had the opportunity to ask questions, which have been answered.
* I agree to take part voluntarily.

Full name of the minor. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Researcher:

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