

6) The investigator will answer any further questions that my child or I may have about this research, either now or during the course of the project.

I understand the procedures described above. My questions have been answered to my satisfaction, and I agree to give permission for my child to participate in this study. I have been given a copy of this form.

Richard Lewis/Emma Laing

Name of Researcher

Telephone: 542-4901

Email: [rlewis@fcs.uga.edu](mailto:rlewis@fcs.uga.edu)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please sign both copies, keep one and return one to the researcher.

Additional questions or problems regarding your child's rights as a research participant should be addressed to The Chairperson, Institutional Review Board, University of Georgia, 612 Boyd Graduate Studies Research Center, Athens, Georgia 30602-7411; Telephone (706) 542-3199; E-Mail Address [IRB@uga.edu](mailto:IRB@uga.edu).

University of Georgia  
Institutional Review Board  
Approved: 7-1-08  
Expires: 1-24-09