

--	--	--	--	--

**The Raine Study – physical activity levels, respiratory disease,
and stress responsiveness in early adolescence**

Parent consent form: adolescent genetic studies

I consent to the collection of blood (via venepuncture) from my child from which DNA will be extracted and stored for the gene studies that have been explained to me as part of The Raine Study – ‘physical activity levels, respiratory disease, and hypothalamo-pituitary-adrenal responsiveness in early adolescence’.

I consent to my child’s DNA being used for gene research into the development of asthma, allergies, blood pressure variability, and sugar and fat metabolism.

I understand that the DNA will not be used for purposes other than that specified above and will not be used for diagnostic purposes.

Name of child: _____

Name of Parent / Guardian: _____

(Parent / Guardian)

Date

Investigators statement

I _____ have carefully explained to the parent / guardian the nature of the above project. I hereby certify that to the best of my knowledge, the person who is signing this consent form understands clearly the nature, demands, benefits and risks involved in his / her participation and his/her signature is legally valid. A medical problem or language or education barrier has not precluded this understanding.

Signature of Principal Investigator or Proxy

Date