

**CONSENT TO PARTICIPATE IN A RESEARCH STUDY**

**Georgia Southwestern State University**

**TITLE OF STUDY:** Children’s Understanding of Marketing Techniques in Food Advertising

**INVESTIGATOR INFORMATION:**

Dr. John Doe  
Title and affiliation  
john.doe@gsw.edu  
229-931-YYYY

**IMPORTANT INFORMATION ABOUT THE STUDY:**

The purpose of this research study is to explore what children understand about marketing techniques used in advertisements for food products. If I allow my child to participate, they will be asked to answer some questions about specific food products and advertisements for those products. This will take about 20 minutes, and will be done in my home at a time and date convenient to me. I will be able to stay with my child if I choose. My child will receive a \$5 Wal-Mart gift card for participating. Taking part in this study is voluntary, and both my child and I can stop participation at any time.

**WHAT IS THE STUDY ABOUT AND WHY IS IT IMPORTANT?**

The purpose of this research study is to explore what children understand about marketing techniques used in advertisements for food products. Learning about these factors is important for people who develop advertising, because this will help them understand what messages appeal to children and will make advertisements more effective. This is also important for parents, because it can help them understand why children may make unhealthy food choices based on advertisements they see.

**WHAT WILL HAPPEN DURING THE STUDY?**

During this study, my child will be asked two types of questions.

- My child will be asked to answer some questions about their opinions of specific food products, such as cereals, sodas, and frozen vegetables.
- My child will watch some examples of advertisements for these food products and be asked to answer questions about their opinions of those advertisements. Some of these examples may be television commercials, and others may be magazine advertisements.

I will be able to remain present during these questions if I choose. Additionally, I will be asked to provide some basic demographic information about my child, such as their age, gender, and race/ethnicity. The entire survey should take about 20 minutes.

\_\_\_\_\_ Subject Initials

**WHAT ARE THE RISKS?**

I have been told that it is possible that my child will feel some emotional discomfort or unease related to

having people visit us in our home. If this emotional discomfort occurs, it will be temporary and will not cause any new problems. No other risks or discomforts are anticipated from this type of research.

**HOW WILL MY CHILD AND I BENEFIT FROM PARTICIPATING?**

My child will receive a \$5 Wal-Mart gift card for participating.

**ARE THERE OTHER REASONS WHY MY CHILD SHOULD NOT PARTICIPATE?**

My child should not participate in this study if:

- They are not between the ages of 6-12
- They have intellectual disability, a speech/language impairment, or any other kind of condition that prevents them from understanding written or spoken language

**HOW WILL MY CHILD’S AND MY INFORMATION BE PROTECTED?**

The researchers will keep my child’s and my information confidential. The questionnaires contain no identifying information, and all records will be stored in file cabinets in locked offices. Data from the study may be published, but my child and I will not be identified. My child’s and my information may be used in future studies, but with any identifying details removed.

I am aware that the research staff are required to report suspected incidents of child abuse or neglect to law enforcement, and that this information cannot be kept confidential.

**RIGHT TO REFUSE OR WITHDRAW:**

I can refuse to allow my child participate, and I can also withdraw my child at any time. My child can also refuse to participate or withdraw their participation at any time. Their or my refusal will not cause any penalty, loss of rights, or other negative consequences. I also understand that the researcher can withdraw me at any time. This withdrawal could happen for reasons that have nothing to do with my child, such as Dr. Doe ending the study.

**OFFER TO ANSWER QUESTIONS:**

If either my child or I have questions about this study, rights as a research subject, or any research-related injury that may occur, I may call Dr. John Doe at 229-931-YYYY or Dr. Sally Jones, Chair of the Institutional Review Board, at 229-931-ZZZZ.

\_\_\_\_\_ Subject Initials

**SIGNATURES:**

My signature indicates that I have decided to allow my child to participate, I have read (or been read) the information provided above, and I have received a copy of this consent form.

\_\_\_\_\_ Date  
Signature of Parent or Person Responsible

\_\_\_\_\_ Date  
Signature of Parent or Person Responsible

\_\_\_\_\_ Date  
Signature of Investigator

**One of the following two sections, but not both, should be included (please remove irrelevant text before giving to potential subjects):**

**Assent of Subject**

\_\_\_\_\_ has agreed to participate in the study "Children's Understanding of Marketing Techniques in Food Advertising".

\_\_\_\_\_ Date  
Signature of Parent or Person Responsible

\_\_\_\_\_ Date  
Signature of Parent or Person Responsible

**OR**

**Waiver of Assent**

The assent of \_\_\_\_\_ was waived because of

\_\_\_\_\_ Age

\_\_\_\_\_ Maturity

\_\_\_\_\_ Psychological state of the subject

\_\_\_\_\_

Signature of Parent or Person Responsible

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent or Person Responsible

\_\_\_\_\_

Date