

# **Attachment 3C: Parental Permission Form for Children younger than 18 Years of Age**

Flesch-Kincaid Reading level – 7.4

## **Parental Permission Form for Blood and Urine Testing Children younger than 18 years of age ATSDR Exposure Investigation (EI) Anaconda, Montana**

### **Who are we?**

- We are from a federal public health agency, the Agency for Toxic Substances and Disease Registry (ATSDR)

### **Who are we working with?**

- Region 8 Environmental Protection Agency (EPA)
- Anaconda Deer Lodge County (ADLC) Health Department
- Montana Department of Public Health and Human Service (MDPHSS)

### **Why we are doing this Exposure Investigation (EI)?**

- We are doing this EI to respond to community concerns about lead and arsenic in the environment and to help people find out if they are exposed
- We are testing lead in blood samples and arsenic in urine samples

### **What do we want you to do?**

- Your child/ward is invited to have his/her blood tested for lead and urine tested for arsenic.
- There is **NO COST** to you for the testing of your child/ward.
- Collect your child's/ward's urine sample at home and bring it to the blood collection location.
- Complete a brief questionnaire with that will ask questions regarding how your child/ward may be exposed to lead and arsenic.
- Allow a licensed phlebotomist to take a sample of your child's/ward's blood.

### **What is included in my child's/ward's participation?**

There are three parts to your participation.

#### **1. Urine Collection and Testing for Arsenic**

- a. The first morning urine sample from your child/ward that you collected at home and froze was brought to the blood testing location.
- b. We will send your child's/ward's urine to a lab to test it for arsenic.
- c. **The urine will not be tested for drugs, alcohol or HIV.**

## 2. Answer a Short Questionnaire

- a. We will ask you some questions about your home and how your child/ward might be exposed to lead and arsenic.
- b. This should take about 20 minutes.

## 3. Blood Collection and Testing for Lead

- We will collect less than 1 teaspoon (3 milliliters) from a vein in your child's/ward's arm.
- This will take 10 minutes or less.
- We will send your child's/ward's blood to a lab to test it for lead.
- **The blood will not be tested for drugs, alcohol or HIV.**

### **What will happen to any leftover blood after testing is finished?**

- The blood and urine will not be used or tested for anything else.
- The lab will throw out any leftover blood and urine.

### **When will you get the test results?**

- You will get your child's/ward's test results by mail about 12 weeks after testing.

### **What are the benefits of being in this EI?**

- You will know the levels of lead in the blood and arsenic in the urine of your child/ward.
- If your child/ward is found to have high levels of lead or arsenic, ATSDR and ADLC will recommend you follow-up with your child's/ward's physician and will provide you with information that will help you reduce contact with lead and arsenic.

### **What are the risks of this EI?**

- The needle stick might hurt a little.
- Some bruising may happen where the blood is taken.
- Your child/ward may feel a little lightheaded for a short time.

### **How will we protect your child's/ward's privacy?**

- We will protect your child's/ward's privacy as much as the law allows.
  - Montana law requires that we report blood lead levels to the ADLC if the result is greater than 5 µg/dL.
  - Montana law requires that information given to the state may be made public if someone asks them for the information but your name and address will not be released.

- o We will share the results with other agencies only with your permission. We will require our government partners to treat your information as private.
- We will give your child/ward an identification (ID) number.
  - o Your child's/ward's ID number, not their name, will go on the tube of blood and urine sample.
  - o We will keep a record, under lock-and-key, of your child's/ward's name, address, and ID number. The information will be used by ATSDR to link the results to each person and send your blood and urine test results to you.
- We will not use your child's/ward's name in any report we write. Only group information that does not include individual names will be reported.

**When can you ask questions about the testing?**

- If you have any questions about this testing, you can ask us now.
- If you have questions later, you can call:
  - o **Dr. Luly Rosales-Guevara at 770-488-0744**
  - o **Dr. Matt Karwowski at 404-718-5867**
  - o **The Anaconda Exposure Investigation toll free number (888) 892-1320**

**Parental/Guardian Voluntary Permission**

- I agree to have my child/ward tested.
- I agree to answer questions about my child/ward.
- I was given the chance to ask questions on behalf of my child/ward. I feel my questions have been answered.
- I know that having these tests done is my choice for my child.
- I know that even though we agreed to this testing, my child/ward may leave at any time without penalty.
  - a. **Regardless of the results, may we share the test result with other federal, state, and local health and environmental agencies? YES / NO (please circle one)**
  - b. **If the results are 5 µg/dL or greater, can we provide your information to the Pediatric Environmental Health Specialty Unit (PEHSU), and may they contact you for follow-up? YES / NO (please circle one)**

**Signature**

I give permission for my child/ward to be tested and agree to answer questions about my child/ward.

\_\_\_\_\_  
Printed name of child                      Age              Sex of child

\_\_\_\_\_  
Signature of parent/guardian                      Date

\_\_\_\_\_  
Printed name of parent/guardian

Address of Child \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Lab ID Number \_\_\_\_\_

Certification of Permission Form Administrator:

I read the permission form to the person named above. He/she had the opportunity to ask questions about the Exposure Investigation and had the questions answered.

\_\_\_\_\_  
Signature of person administering permission

