

**PARENTAL OR LEGAL GUARDIAN INFORMATION & INFORMED CONSENT**

**STUDY TITLE: *MANAGING THE COVID-19 ‘INFODEMIC’: DEVELOPMENT OF A BOOKLET AND MOBILE GAME TO BE USED AS TEACHING TOOLS TO CONVEY OHS MESSAGE***

**Principal Investigator: Dr Nico Claassen**

**Supervisor: N/A**

**Institution: School of Health Systems and Public Health, Faculty of Health Sciences, University of Pretoria**

**DAYTIME AND AFTERHOURS TELEPHONE NUMBER(S):**

**Daytime number/s 012 356 3256 / 083 258 4416**

**Afterhours number: 083 258 4416**

**DATE AND TIME OF FIRST INFORMED CONSENT DISCUSSION:**

			:
<b>date</b>	<b>Month</b>	<b>year</b>	<b>Time</b>

**Dear Parent or Legal Guardian**

**Dear Mr. /Mrs. ....**

**1) INTRODUCTION**

We invite your child to participate in a research study. This information document will help you to decide if your child may want to participate. Before you agree that your child may take part, you should fully understand what is involved. If you have any questions that this document does not fully explain, please do not hesitate to ask the researcher.

**2) THE NATURE AND PURPOSE OF THIS STUDY**

The aim of this study is to develop a booklet and mobile game to be used as teaching tools to convey OHS messages about COVID-19 pandemic and actions that can be taken to protect yourself against the disease.

### **3) EXPLANATION OF PROCEDURES AND WHAT WILL BE EXPECTED FROM PARTICIPANTS.**

Your child needs to give their consent to participate in the study and provide their age, current school grade, and town/city where they stay before completing the questionnaire that will require them to answer questions about COVID-19 and actions that they can take to protect themselves against the disease. The questionnaire consists of 27 questions. It will take your child approximately 10 minutes to complete the questionnaire. They will have only one opportunity to complete the questionnaire. The online questionnaire can be viewed using the following URL:

<https://forms.gle/sdi7xjP4H957KqKG6>. Thereafter a booklet only OR a booklet and a game that can be played on a mobile phone, will be shared with them through your personal email address. They will be requested to read the booklet OR read the booklet and play the game for 3 days. A link to the post-reading questionnaire will be sent to your personal email address after 3 days to be completed by your child without consulting the booklet or game to determine the additional knowledge gained during engaging with the provided materials.

### **4) POSSIBLE RISK AND DISCOMFORT INVOLVE**

There are only minimal risks involved in participating in the study, namely that your child may feel a little bit stressed while answering the questions because they did not study any material.

### **5) POSSIBLE BENEFITS OF THIS STUDY**

- Your child will benefit directly by the study because at the end of the study we will provide your child with a copy of the booklet as well as a copy of the game they can play on their mobile device
- We will be able to determine the added value of gamification may have as an approach to convey health messages to children.

### **6) YOUR CHILD'S RIGHTS AS A PARTICIPANT?**

Your child's participation in this study is entirely voluntary. Your child can refuse to participate or stop at any time during the study without giving any reason.

### **7) ETHICS APPROVAL**

This Protocol was submitted to the Faculty of Health Sciences Research Ethics Committee, University of Pretoria, Medical Campus, Tswelopele Building, Level 4-59, Telephone numbers 012 356 3084 / 012 356 3085 and written approval has been granted by that committee. The study has been structured in accordance with the Declaration of Helsinki (last update: October 2013), which deals with the recommendations guiding doctors in biomedical research involving humans. A copy of the Declaration may be obtained from the investigator should you wish to review it.

**8) INFORMATION AND CONTACT PERSON**

The contact person / persons for the study is/ are Dr Nico Claassen. If you or your child have any questions about the study please contact him at the following telephone number 083 258 4416.

**9) COMPENSATION**

You child will not be paid to take part in the study. They will however receive a copy of the booklet and game that can be played on a mobile phone.

**10) CONFIDENTIALITY**

All information about your child will be kept strictly confidential. Once we have analysed the information no one will be able to identify your child. Research reports and articles in scientific journals will not include any information that may identify your child.

**11) CONSENT TO PARTICIPATE IN THIS STUDY**

- I confirm that the person requesting my consent for my child to take part in this study has told me about the nature and process, any risks or discomforts, and the benefits of the study.
- I have also received, read and understood the above written information about the study.
- I have had adequate time to ask questions and I have no objections for my child to participate in this study.
- I am aware that the information obtained in the study, including personal details, will be anonymously processed and presented in the reporting of results.
- I understand that my child will not be penalised in any way should my child wish to discontinue with the study and that withdrawal will not affect my child's
- My child is participating willingly.
- I have received a signed copy of this informed consent agreement.

\_\_\_\_\_  
Parent/Legal Guardian's name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's name (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Researcher's signature

\_\_\_\_\_  
Date