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NDSU Extension  
307D Morrill Hall

Fargo, ND 58108-6050  
701-231-1873

**Farm Safety Camp**

## **Parent/Guardian Permission Form**

**This study is being conducted by: Angie Johnson, Farm and Ranch Safety Coordinator, NDSU Extension, phone number: 701-231-1873, email: angela.b.johnson@ndsu.edu**

**Why is my child being asked to take part in this study?**

Your child will be asked to complete pre and post tests and pre and post surveys. All these instruments help us determine if the lessons being taught at camp need any modifications or adjustments and if there is any gain in knowledge, behavior changes, or adoption of safety practices after participating in the three-day camp.

**What will my child be asked to do?**

While at camp you child will be learning: safe tractor operations, identify and use hand tools, livestock handling, farm machinery operation, farm first-aid including official Stop the Bleed certification, agricultural youth laws, equipment operation and maintenance and ATV certification. Before and after camp your child will be asked to complete a test and a survey. There will also be a follow-up survey that will be mailed six months after camp. The tests and surveys that will take place at camp are completed on paper. The tests take between 20 and 60 minutes and the surveys should take around 10 minutes. The survey that is mailed as a follow-up survey is on paper and should be mailed back to us in a pre-paid addressed envelope. Those that participate in the follow-up survey will be entered in the drawing of a gift card.

**Where is the study going to take place, and how long will it take?**

The camps take place at different locations in the state, these locations may change from year to year. Each camp lasts three days and participants are expected to attend the whole time. Parents/guardians are invited to come the last day to learn what the youth did during their time at camp and also to participate in a couple of activities with their kids.

**Does my child have to take part in this study?**

**Youth participation in this research is their choice. If youth decide to participate in the study, they may change their mind and stop participating at any time without penalty or loss of benefits to which they are already entitled.**

**What are the alternatives to being in this study?**

**Instead of being in this research, you or your child may choose not to participate.**

**Who will have access to my child’s information?**

The information collected in the pre and post tests and pre and post surveys will be kept in a locked cabinet in a locked office and in password protected computers. Only project coordinator has access to the surveys and only program administrative coordinator has access to the codes and coded surveys. All team members have access to the pre and posttests that are taken by the youth at camp as they are graded by team members. Research results will be used to create impact statements, make decisions about future camps and the data collected could be analyzed and published in magazines, journals, etc.

**Can my child’s participation in the study end early?**

A participant may be removed from the study if for any circumstances (sickness, death of a family member, etc.) the child needs to leave camp before it ends.

** What if we have questions?**

Before you decide whether your child may participate in this study, please ask any questions that come to mind. Later, if you or your child have questions about the study, you can contact Angie Johnson at 701-231-1873 or at angela.b.johnson@ndsu.edu.

**What are my child’s rights as a research participant?**

Your child has rights as a research participant. All research with human participants is reviewed by a committee called the *Institutional Review Board (IRB)* which works to protect participant’s rights and welfare. If you have questions about your child’s rights, an unresolved question, a concern or complaint about this research you may contact the IRB office at 701.231.8995, toll-free at 855-800-6717 or via email ([ndsu.irb@ndsu.edu](mailto:ndsu.irb@ndsu.edu)).

**Documentation of Informed Consent:**

You are freely making a decision whether to allow your child to be in this research study. Signing this form means that:

1. you have read and understood this consent form

2. you have had your questions answered, and

3. you have granted permission for your child to be in the study.

You will be given a copy of this permission form to keep.

Your signature Date

Your printed name Date

Signature of researcher explaining study Date

Printed name of researcher explaining study