

Parental Consent Form

Thank-you for agreeing for your child to take part in this research from the University of Lancaster. Please read the following information, tick the boxes if you agree, and then sign below to indicate that you agree for your child to take part in this research.

- I have been given a written explanation of the study. It includes sufficient details about the study and I have been given the opportunity to ask questions.
- I am aware that the research is looking at the development of number and body-size perception.
- I am aware that this procedure will involve my child participating in a computer task, which requires me to use keyboard keys to respond.
- I understand that all of my child's information will be made anonymous, kept strictly confidential and will be securely stored at all times.
- I am aware that the risk of discomfort for my child is minimal, particularly since the computer task is not different to those that my child may come across in their home/school environments.
- I understand that I can withdraw my child from the research at any stage without having to offer a reason. Withdrawal from the study will have no negative consequences for me or my child.
- I am aware that any questions will be answered as fully as possible and I have the contact details of the researcher and their supervisor should I have questions in the future.

I was able to agree to all of the above statements agree for my child to take part in the research. I have had sufficient time to think about the study and to decide, without pressure, if I want to take part.

Name

Signature

Date.....

Signature of researcher.....

Date.....

**Lancaster
University**
Psychology
C Floor, Fylde
College
Lancaster, LA1 4YF,
UK
T: +44 (0)1524 593698
[www.lancaster.ac.uk
/psychology](http://www.lancaster.ac.uk/psychology)