



KOGI STATE UNIVERSITY, ANYIGBA

P.M.B. 1008 ANYIGBA 272102, NIGERIA

Faculty of Education

DEPARTMENT OF HUMAN KINETICS AND HEALTH EDUCATION

Head of Department
 Dr.Mohammed N. Abubakar
 B.Sc. Ed, M.Ed, Ph.D. (UNILORIN)
 E-Mail: sadeeq@ksu.edu.ng

Vice-Chancellor
 Prof. Marietu O. Tenuche
 B.Sc, M.Sc., Ph.D (ZARIA)
 E-Mail: vcoffice@ksu.edu.ng

INFORMED CONSENT FORM FOR PARENTS/GUARDIANS OF GIRLS AND BOYS PARTICIPATING IN THE RESEARCH TITLED: Relationship of Aerobic Fitness and the Metabolic Syndrome among children and Adolescents

Name of Principal Investigator: Professor Danladi I. Musa
Name of Project: Relationship of Aerobic Fitness and the Metabolic Syndrome among children and Adolescents

PART 1: INFORMATION SHEET

I am Professor Danladi I. Musa from Kogi State University, currently conducting research aimed at helping schools and healthcare providers support teenagers in maintaining better health. As part of this study, we will assess both girls and boys on various physical fitness and health parameters. Before we proceed, I will first explain the objectives of the study to you. If you agree to participate, I will then seek your child's consent separately. Both you and your daughter/son must independently agree before we can begin the study.

Type of intervention: Anthropometric measures, Shuttle run test, Blood pressure measurement, and Blood lipid analysis (finger prick).

Voluntary participation: Participation is voluntary, you have the right to refuse participation or to withdraw at any point. Children with diabetes, cardiovascular, musculoskeletal, and other diseases or symptoms of diseases are excluded from participation.

Risks and Discomforts: During the tests, children may experience conditions including, muscle strain, arm discomfort, muscle soreness, abnormal heart beats, fatigue and fainting. Every effort will be made to minimize these risks.

Benefits of participation: Your child will receive a report containing results of each test. All tests are free. Information from these tests **does not constitute medical advice**. The results should be discussed with the family doctor.

Confidentiality: Information from all tests concerning your child will be kept confidential.

PART 2: CERTIFICATE OF CONSENT

I have been asked to give consent for my daughter/son to participate in this research project which will involve physical fitness tests and blood lipid analysis. I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions that I have asked has been answered to my satisfaction. Therefore, I voluntarily consent for my child to participate in this study.

PARENT/GUARDIAN

Name

Signature

RELATIONSHIP TO THE CHILD: -

CHILD'S NAME

WITNESS

INVESTIGATOR

Name

Signature

Date

Name

Signature

Date