



## Consent form for participation in the Kupol study

I hereby give my consent for my and my child's participation in the Kupol study and for the handling of my and my child's personal data. I have read the information and been given the opportunity to ask questions about the study. I understand that my and my child's participation is voluntary and can be ended without further explanation.

I would like information about the study and my questionnaire in the following language:

- Spanish/Español     Polish/Polski     Turkish/Türçe     Sorani/سۆرانی     Farsi/فارسی  
 Arabic/العربية     Somalian/Somaali     Tigrinya/ትግርኛ     Chinese/中文

Please answer YES or NO to the following:

- A I consent to my child filling out a questionnaire and that the answers are saved in a database at the Karolinska Institutet. I further consent to the questionnaire being used in research on the effects of school environment on the mental health of adolescents'. Yes  No
- B I give my consent for extraction of register-based information about me and my child. Yes  No
- C I consent to my child leaving a saliva sample. I further consent for the saliva samples to be stored in the Karolinska University Hospital's bio bank and that samples can be used in research about the effects of school environment on the mental health of adolescents'. Please note that for a child with two legal guardians we need the signature of both guardians in order to collect saliva samples. Yes  No

The child's name: \_\_\_\_\_

The child's personal number: \_\_\_\_\_

The child's school: \_\_\_\_\_

The child's class: \_\_\_\_\_

The child's signature: \_\_\_\_\_

### Legal guardian 1

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

- Relation to the child:  Biological father     Foster father     Adoptive father  
 Biological mother     Foster mother     Adoptive mother  
 Other, what? \_\_\_\_\_  I have sole custody of my child

## Legal guardian 2

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name in block letters: \_\_\_\_\_

Relation to the child:  Biological father  Foster father  Adoptive father  
 Biological mother  Foster mother  Adoptive mother  
 Other, what? \_\_\_\_\_  I have sole custody of my child

If you have joint custody but do not live together with the other legal guardian, please give her/him the consent form to sign. If you are not able to reach the other legal guardian, please write her/his address so we can contact her/him:

Name (Legal guardian 2): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

In order for us to be able to contact you and your child, please leave your contact details:

Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail: \_\_\_\_\_ Mobile phone no: \_\_\_\_\_

**Send in this form in the enclosed envelope.**



### Postal address

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### Webb

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