**Consent Form Addendum for Research During COVID-19 Pandemic**

For On-Campus Research - Parental Consent

I certify that:

Neither my child nor I have tested positive for COVID-19 within the last 10 days.

In the past 10 days, neither my child nor I have not been in contact with someone who has received a positive COVID-19 test result.

Neither my child nor I are experiencing any of the following symptoms:

Fever or feeling feverish

Sore throat

New cough (not related to a chronic condition)

New nasal congestion or new runny nose (not related to seasonal allergies)

Muscle aches

New loss of smell

Shortness of breath

I agree to immediately report to the principal investigator of this studyif, within 2 weeks of my and/or my child’s participation in the study, I, my child, or anyone in my living group has any of the above COVID-19 symptoms or a positive COVID test.

I agree that I and my child will participate in contact tracing if requested at any time after my and/or my child’s participation in this study.

I understand that despite precautions being taken to minimize the risk of becoming infected with COVID-19, my and/or my child’s participation in this study entails some risk that I and/or my child may become infected.

I understand that:

1. My and/or my child’s participation is completely voluntary;
2. My child and/or I are under no obligation to participate during the pandemic;
3. My child and I must comply with all applicable rules and protocols pertaining to the spread of COVID-19 while being escorted to/from the study location at MIT, including the MIT visitor policy; and
4. If I and/or my child choose to be in the study, I further understand that my child or I may subsequently withdraw from the study at any time for any reason without penalty or consequences of any kind.
5. I understand that my child’s information and my information will be maintained by the research team and maybe shared with others at MIT who have legitimate need to know this information to maintain the health and safety of the MIT community and possibly other local health authorities.

Name of minor subject

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**Name of parent/guardian completing this form:**

Is the parent/guardian also a subject in this study?

Parent/guardian is also a study subject

Parent/guardian is a guest accompanying the child

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Signature of parent/guardian

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Date and Time

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