

## CONSENT FORM FOR PARENT/GUARDIAN ON BEHALF OF CHILD PARTICIPANT

**Title of Study:** **Measure More, Miss Less: A Community-Based Blood Pressure Screening Program in Canada 2026**

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### **Why am I being asked to take part in this research study?**

You are being asked to allow your child to be in this research study to better understand the number of people with high blood pressure in Canada.

This form contains information about the study. Before you read it, a member of the study team will explain the study to you in detail. You are free to ask questions if there is anything you do not understand. You will be given a copy of this form for your records.

### **What is the reason for doing the study?**

High blood pressure (hypertension) in children and adolescents is becoming more common. The purpose of this study is to measure blood pressure among adolescents aged 13–18 years and adults across Canada to better understand the prevalence of untreated or inadequately treated high blood pressure. This information will help improve early detection, care, and health policies for individuals at risk of high blood pressure.

### **What will happen in the study?**

Your child will be expected to visit a participating community-based research site on one occasion.

If you agree, a pharmacist, pharmacy technician, pharmacy student, or volunteer will collect some basic information about your child in-person. This includes your city; when their blood pressure was last measured; their age and sex; whether they currently take blood pressure medication; whether they have diabetes or heart disease, smoke, use alcohol, or caffeine. A blood pressure cuff will then be wrapped around their upper arm, and they will be expected to remain seated for at least 5 minutes. Their blood pressure and pulse will be measured three times at 1-minute intervals.

Their information will be entered into a secure electronic database. It will **not** include their name, date of birth, health care number, or contact information.

### **How long will my child be in this study?**

Participation will take a total of about 15-20 minutes on one occasion.

### **What are the risks and discomforts?**

There are no physical risks to taking part in this research. Your child may feel discomfort in their arm when their blood pressure is measured. This discomfort will go away as soon as the cuff is released.

We may find that your child's blood pressure is high, which may cause you and/or your child some concern, but a pharmacist or pharmacy student will give you and your child information on healthy lifestyle choices and refer your child for further treatment, if necessary.

It is not possible to know all of the risks that may happen in a study, but the researchers have taken all reasonable safeguards to minimize any known risks to a study participant.

### **What are the benefits to my child?**

You will know their blood pressure. We will provide them with dietary and lifestyle information to help keep blood pressure normal. If necessary, we will also advise you and your child to consult with their doctor, pharmacist, or nurse practitioner for further measurements and treatment.

### **Do I have to agree for my child to take part in the study?**

Being in this study is your choice. If you decide to allow your child to be in the study, you can change your mind and stop being in the study at any time, and it will in no way affect the care or treatment that your child is entitled to.

### **Withdrawal of consent**

Your child can stop being in the study at any time, and this will not affect the care your child is entitled to receive. You may refuse to take part, refuse to answer any questions, or withdraw from the study at any point during your child's visit with the study personnel. You do not need to provide a reason to withdraw your child from this study. However, once your child's visit with the pharmacist is complete, you will no longer be able to withdraw them from the study.

### **What will it cost to participate?**

There are no costs to participate in the study.

### **Will we be paid to be in the research?**

You will not be paid to take part in this study.

### **Privacy and Confidentiality**

During this study we will do everything we can to make sure that all information your child provides is kept private. No information relating to this study that includes your child's name will be released outside of the researcher's office or published by the researchers unless you give us your express permission. Sometimes, by law, we may have to release your child's information

with your name so we cannot guarantee absolute privacy. However, we will make every legal effort to make sure that your child's information is kept private.

During research studies it is important that the data we get is accurate. For this reason, your child's data, including your child's name, may be looked at by people from the Research Ethics Board.

After the study is done, we will still need to securely store your child's data that was collected as part of the study; no identifying information will be stored. Your child's data will be stored securely in a password protected; cloud-based data management system managed by the EPICORE Centre at the University of Alberta. Any hard-copy data will be kept at the EPICORE Centre in a locked cabinet and locked office.

Once all the data analyses are completed, signed consent forms will be sent to the following secured storage facility: Iron Mountain Canada Corporation 14410 121 A Ave. Edmonton, T5L 4L2. At the University of Alberta, we keep data stored for a minimum of 5 years after the end of the study.

### **What if I have questions?**

If you have any questions about the research now or later, please contact Dr. Stephanie Gysel at 587-879-8997. If you have any questions regarding your child's rights as a research participant, you may contact the University of Alberta Research Ethics Office at [ethics@ualberta.ca](mailto:ethics@ualberta.ca) or (780)492-2615 and quote Ethics ID Pro00161615. This office is independent of the researchers.

### **How do I indicate my agreement to be in this study?**

By signing below, you understand:

- That you have read the above information and have had anything that you do not understand explained to you to your satisfaction
- That your child will be taking part in a research study
- That your child may freely leave the research study at any time
- That you do not waive any legal rights by being in the study
- That the legal and professional obligations of the investigators and involved institutions are not changed by taking part in this study.

I agree to allow my child \_\_\_\_\_ to take part in this study.  
(CHILD'S NAME)

### **SIGNATURE OF PARENT OR LEGAL GUARDIAN**

I have the legal authority to give this consent.

Signature of Parent or Legal Guardian \_\_\_\_\_



(Printed Name) \_\_\_\_\_

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

**SIGNATURE OF PERSON OBTAINING CONSENT**

\_\_\_\_\_  
Signature of Person Obtaining Consent

\_\_\_\_\_  
Name of Person Obtaining Consent

\_\_\_\_\_  
Date

**SIGNATURE OF THE WITNESS**

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Name of Witness

\_\_\_\_\_  
Date

A signed copy of this consent form has been given to you to keep for your records and reference.