

**Attachment F - Minor**

The person being considered for this study is unable to consent for himself/herself because he or she is a minor. You have been asked to give your permission to include your dependant in this study.

About one month ago, your dependant suffered an adverse reaction following Gamma Hydroxybutyrate (or its precursor) use and were treated in a hospital. Prior to hospital discharge, your physician mentioned our study to you and your dependant considered being a participant in this study. Your dependant's participation in the study is completely voluntary and you are free to decline participation. You and your dependant have the right to decline to participate or to withdraw at any point in the study without jeopardy to your medical care. You and your dependant may also withdraw your authorization for this study to use your personal health information by contacting Dr. Dyer to inform her of your decision. If you or your dependant withdraw your authorization, the information already collected may continue to be used, to maintain the integrity of the study.

If you consent for your dependant to participate your dependant should also sign assent (agreement) to participate in this study and you should sign consent below and return this form by mail.

**I assent (agree) to participate in the GHB study telephone interview**

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

**I consent for my dependant to participate in the GHB study telephone interview.**

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

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

Telephone contact numbers: \_\_\_\_\_

Best days and times to call: \_\_\_\_\_

Do you prefer the FORGE study to Leave or Not Leave (circle one) phone messages. When attempting to reach you, "GHB" will not be mentioned, only "the FORGE study".

Mail to:

**California Poison Control System, UCSF  
FORGE study  
UCSF box 1369  
San Francisco, CA 94143-1369**