

**PARENTAL CONSENT RELEASE  
FORM FOR MINOR CHILDREN**



Parental Consent Form for the following SCDNALC Laboratory Field Trips:

- DNA Fingerprinting
- mtDNA – The Other Genome

\_\_\_\_\_  
**Name of Student**

Please print

\_\_\_\_\_  
**Sample #**

\_\_\_\_\_  
**Name of School**

Please print

As part of a laboratory program, your child will have the opportunity to conduct an experiment with his/her own DNA. DNA samples will be collected from either hair or cheek cells that normally exist in saliva. For hair samples, students will pluck 2 or 3 eyebrow hairs and place them in a plastic tube. For cheek cells, students will simply swish the mouth with a saline solution and spit the sample into a cup. The DNA samples that are extracted from these cells will be amplified and examined for specific DNA markers, which may vary from person to person. Please be assured the DNA markers we will examine play no role in an individual's health nor do they have any relationship to physical traits or characteristics. These markers are chosen because they are found in the non-coding portion of the human genome. Student samples will be discarded after completing the experiment.

Please sign below indicating authorization for your child's participation in this experiment.

\_\_\_\_\_  
**Name of Parent/Legal Guardian**

please print

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Date**