



DUBLIN HIGH SCHOOL

8151 Village Parkway, Dublin, CA 94568 • 925-833-3300 • FAX 925-833-3322

AP Biology: Gymnema Tea Mini Lab Study - Consent Form 2024-25

****Please read the following information carefully to ensure you/your child have no allergies to any of the supplied items that MAY BE consumed in this lab study. Please note: this lab is entirely **voluntary** - students will **NOT** be penalized (or lose points) if they do not participate.**

- Purpose of experiment:** To develop a personal understanding of cell signaling pathways and their relationship to taste and taste perception.
- Foods that MAY BE consumed in this lab:** Please review the following food items and ensure that you/your child has no allergies associated with them:

- Salt
- Equal (aspartame)
- Raw broccoli
- Sugar
- M&Ms
- Lemon wedge
- Apple cider vinegar
- Sweet Tarts
- Gymnema Tea (used primarily for blood sugar control in diabetes)
- ~~Synsepalum dulcificum (miracle berry)~~

3. If you/your child is allergic to any of the following, but would still like to participate in the lab, please list the allergies below and be sure to **ABSTAIN** from those items during the lab.

Parent/Guardian Approval and Signature

I hereby certify that I have read the above notes provided by the AP Biology teacher of Dublin High School, Ms. Megan Sininger. I also acknowledge this form is completed to the best of my knowledge.

My child **CAN** participate in the lab, provided the foods listed in *Item (3)* are not consumed.

Agree Disagree

Guardian Signature: _____ Date: _____

Guardian Name (print): _____

Student Approval and Signature

- I have read and acknowledged the above notes and would like to participate in the lab.
- I have read and acknowledged the above notes and would **NOT** like to participate in the lab.

Student Signature: _____ Date: _____

Student Name (print): _____ Period: _____