FamilyInsight Beta Parental Consent Form

Consent Form Beta v1.0 | November 11, 2026

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Use this form before a child under 13 uses the app, including a shared family screen, or to record a child profile's health choices. Read Direct Notice to Parents Beta v1.0 dated November 11, 2026, the Privacy Policy at https://familyinsight.app/privacy and the Consumer Health Data Privacy Policy at https://familyinsight.app/health-privacy. Check your choices and sign.

Children I am adding

1 First name _____ Age _____ 2 First name _____ Age _____

Use a separate form if choices or states differ by child. Parent's state _____ Children's state _____

Child use, including a shared family screen, collects authorized entries such as tasks, time, photos, requests, journals, goals and ledger entries, plus device, IP address, usage and notification information. Parent-only profiles receive adult-entered information. We use it to run, support and secure the app. Authorized family members and the providers identified in the notice receive information for those purposes. We do not sell it, show children ads or authorize AI training.

☐ **Required** I am the parent or legal guardian of the children listed. I have read the notice and policies and consent to collection and use of their information, disclosed necessary provider processing and core family sharing. This covers authorized child use through their own sign-in or a shared family screen. Health choices apply separately.

☐ **Optional health collection** I consent to collection and use of these children's medication records, mood and energy check-ins, "can we talk" requests, and health information in journals, self-care and activity logs, goals, diet preferences, appointments and uploads for requested records, reminders and coordination. This includes necessary provider processing and access by the child and me, subject to private settings. Leave unchecked to decline. Teens aged 13 to 17 also make their own affirmative health choice.

☐ **Optional health sharing** If I selected health collection, I separately consent to sharing this health information with the additional parents or legal guardians named below for family coordination within their app permissions. If unchecked, no additional family recipients receive access. Journals remain private unless the child shares an entry with an authorized parent, subject to legal access rights.

Recipient names _____ Relationship _____

These choices do not authorize another adult's health data. Enter child health information only in authorized features with authorized recipients. Unrelated features remain available. Under-13 AI is off, including on shared screens. This form does not authorize AI processing; permitted teen AI requires a separate parental choice. Child calendar subscribe links are disabled; adult links exclude events involving a child under 13.

Email consent@insighteducationacademy.org for review, withdrawal or full deletion, subject to verification and law. Health choices can be changed in Manage family. Collection withdrawal deletes live health records; sharing-only withdrawal removes additional recipients. Provider copies and minimal lawful records follow the policies' retention rules. Withdrawal may disable features. This beta may change or fail; check-ins and journals are not monitored for emergencies.

Parent or guardian name _____

Account email _____

Signature _____ Date _____

Sign by hand and email a scan or photo to consent@insighteducationacademy.org. Under-13 use begins only after review and recording of consent. Health permission for a parent-only profile does not enable child use.