Additional file 1:

Informed Consent Forms  
 **Participant’s consent form**

**Study: The WhiteTeeth app for improving oral hygiene.**

* I have read the information letter. I had the opportunity to ask questions. If I had any questions, they were answered properly. I was given plenty of time to make a decision on participating in the study.
* I know the purpose of the research and how much time it will take me to participate in it.
* I give my full consent to the use of my data for the express purposes detailed in the information letter. I fully consent to the fact that all data will be stored for up to 5 years after completion of the research.
* I know that participation is voluntary. I know that I can decide at any given moment to withdraw this participation without stating a reason.
* I agree to participate in this research.

Name of participant:

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

**Parent’s/Guardian’s consent form Study:   
The WhiteTeeth app for improving oral hygiene.**

* I have read the information letter. I had the opportunity to ask questions. If I had any questions, they were answered properly. I was given plenty of time to decide on my child’s participation in the study.
* I declare that I have been adequately informed on the nature, purpose and burden of the research.
* I give my full consent to the acquisition and use of my child’s data 1.) through the methods described and 2.) for the express purposes detailed in the information letter. I fully consent to the fact that my child’s data will be stored for up to 5 years after completion of the research.
* I voluntarily consent to my child’s participation in this research. I maintain the right to withdraw this consent without stating a reason.

Name of child: .....................................................................................

Name of parent: .....................................................................................

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