



Please note: you need to complete Page 3 of this PDF.

Dear Parent/Legal Guardian:

Your child has installed or attempted to use Mast Therapeutics, Inc.'s ("Mast," "we," or "us") VOICE Crisis Alert™ mobile application (the "App"). Because your child is younger than age 13, we are required by the Children's Online Privacy Protection Act of 1998 ("COPPA") to provide this notice and obtain your permission before we collect, use or disclose any personal information from your child. If you do not agree and provide consent through the form below, your child will not be able to use the App and the App will not collect, use or disclose any personal information from your child.

The App collects and uses information in accordance with the VOICE Crisis Alert™ Mobile App Privacy Policy (the "App Privacy Policy") accessible in the App and available at <http://www.crisisvoice.com/voice-app-privacy/>.

The App does not collect any personal information (which we define as information that could reasonably be used to identify you or your child personally, such as name, mailing address or telephone number). The App also does not collect or generate any type of unique Device Identifier (as defined in the App Privacy Policy) or similar persistent identifier. However, the App can facilitate the sharing of your child's personal information as described below. You and/or your child will have the ability to enter information into the App, including, but not limited to:

- blood type and genotype
- allergies and illnesses
- medication intake and schedules
- pain symptoms and pain level assessments
- other medical history information
- your child's name, age, address, phone number and/or email
- your name, phone number and/or email and those of third parties (e.g., other family members, friends, healthcare providers)

The App will also allow you and/or your child to customize your child's App avatar (character image) by selecting the avatar's gender and skin tone and other appearance, fashion and style preferences.

We refer to information that you and/or your child enter into the App, including selections you and/or your child make within the App to customize the App avatar, as "User Content." All User Content is stored on the mobile device used to access the App and is not shared with or accessible by us. However, the App facilitates the sharing of User Content (for example, your

child's pain symptoms and pain level assessments) with third parties (for example, your child's healthcare provider) via email and/or text messaging. Specifically, you and/or your child may create an address book within the App that contains contact information of others that you and/or your child manually enter into the App. The address book functionality allows you and/or your child to share User Content via email and/or text messaging from the mobile device used to access the App with people in the address book. For this reason, we require your prior consent before your child may use the App.

Once you have reviewed the App Privacy Policy (available at <http://www.crisisvoice.com/voice-app-privacy/>) and the Terms of Use for the App (available at <http://www.crisisvoice.com/voice-app-terms/>), and if you agree to have your child use the App, please fill out the following consent form and return it to us by:

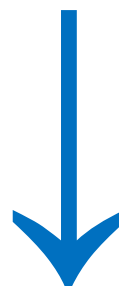
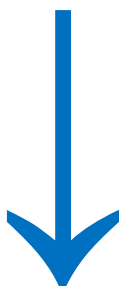
Email: crisisvoice@gmail.com; OR

Fax: 858-552-0876; OR

Mail: Mast Therapeutics, Inc., Attn: Mobile App Services, 3611 Valley Centre Drive, Suite 500, San Diego, CA 92130.

You will be asked to provide your name and email address on the VOICE Crisis Alert™ App Parental Consent Form. We collect this information in order to verify parental consent and communicate with you regarding your child's use of the App. After we receive the signed consent form, we will send you a code by email that must be entered into the App to unlock it for your child. **You must provide a valid email address to receive the activation code.** We will retain the information you have provided in the consent form in order to later verify your identity or contact you regarding your child's use of the App or any additional notice we may want to provide with regard to the App.

**THE FORM YOU NEED TO COMPLETE IS ON
THE NEXT PAGE, PLEASE SEE BELOW**



VOICE Crisis Alert™ App Parental Consent Form

Please print out this form and send to Mast Therapeutics, Inc. (“Mast”) by:

Email: crisisvoice@gmail.com; OR

Fax: 858-552-0876; OR

Mail: Mast Therapeutics, Inc., Attn: Mobile App Services, 3611 Valley Centre Drive, Suite 500, San Diego, CA 92130.

I, _____ (print parent’s name) have had the opportunity to review the Privacy Policy for the VOICE Crisis Alert™ mobile application (the “App”) (policy available at: <http://www.crisisvoice.com/voice-app-privacy/>) (the “App Privacy Policy”).

By signing below, I authorize my child to use the App.

I understand that in consenting to my child’s use of the App, I am enabling my child to share information input into the App, including personal and health-related information, with third parties of my child’s choosing (for example, other family members, friends and healthcare providers).

I also understand that my child’s information will be collected and processed in the United States as described in the App Privacy Policy. I consent to these practices.

Note: Mast will send a code to you at the email address you provide below, which you or your child may enter into the App in order to allow access to the App.

PLEASE PRINT LEGIBLY – YOU MUST PROVIDE A VALID EMAIL ADDRESS TO RECEIVE THE ACTIVATION CODE.

Full Name of Parent / Legal Guardian: _____

Parent’s e-mail address: _____

Parent’s signature _____

Date: (mm/dd/yyyy) _____