



PARENT PERMISSION FORM

SNAP: School Nutrition and Activity Project

By signing this form, I give permission for my child (print name) _____ to take part in the above study. I understand that my child's participation is entirely voluntary.

I have read the attached letter and I understand the purpose of the study. If I agree that my child can take part, he/she will be asked to complete an in class survey on the foods he/she eats and his/her activity levels. This will last about 15-20 minutes. Trained researchers will then measure my child's height and weight in a separate PRIVATE room. My child's weight and height will not be revealed to my child or his/her peers, teachers or other members of the research team. This study is completely anonymous and confidential. My child's name will not be recorded at any time, on any question sheet, or any weight and height sheet.

Any reports based on this research will include information for my child's school district only; individual information about my child will not be released. All completed questionnaires will be kept in locked cabinets at the University of Prince Edward Island; only the researchers can see and use it. Although the results may not have an immediate benefit for my child, the study will help improve the health of students overall. There are no known risks in taking part in the study.

My child may refuse to take part or may withdraw from the study at any time without any effect on his or her grades or school performance by indicating her / his wish to the researcher (Jennifer Taylor).

If I have any questions, I can call Dr. Jennifer Taylor (University of Prince Edward Island) at 902-566-0475. I will keep one copy of this form for my records.

I consent to my child's participation in this study by signing below.

Signature of parent _____ Date _____

*** Please return this form to your school by _____. ***