

# Focus Group Parental Permission Form

## PARENTAL PERMISSION FOR CHOOSE RESPECT INITIATIVE TESTING

On behalf of the Centers for Disease Control and Prevention (CDC), Ogilvy Public Relations Worldwide (Ogilvy PR) is conducting focus groups to better understand how best to communicate with youth on the topic of healthy relationships.

We are asking your child to take part in research (focus groups) about this topic. The focus group will take no more than 90 minutes. Below are things you should know if you would like your child to take part in a focus group.

- Your child's participation in this focus group is totally voluntary. Your child can leave the focus group at any time, for any reason.
- Your child can choose *not* to answer any question, at any time.
- Your child's name and answers to the questions will be kept secure. No identifying information will be included in the report.
- The discussion will be audio taped.
- Staff from CDC and Ogilvy PR will watch the discussion behind a one-way mirror.
- Your child's input into this focus group should pose no risks to him/her.
- Your child may be asked how he/she spends his/her time and gets information.
- Your child's participation will help us do a better job communicating with youth on the topic of healthy relationships.
- Your child will be given \$(insert amount appropriate for given market) for his/her time. *Note: We often over-recruit to ensure maximum participation. If your child was invited to participate and shows up for the interview at the designated time, but is not interviewed because we have already reached our maximum participation level, your child will still receive payment.*

**Contact Information:**

If you have questions about this research, please contact Nancy Accetta at 202-729-4167. Please call Jennifer if you would like to share any information after your child has participated in the focus group.

Your signature below shows that you understand the above and give permission for your child to take part in this interview.

Please print your name \_\_\_\_\_

Please sign your name \_\_\_\_\_

Date \_\_\_\_\_

**THANK YOU FOR GIVING PERMISSION FOR YOUR CHILD TO TAKE PART IN THIS RESEARCH**