

Parent/Caregiver Consent for Student Participation

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0524. The time required to complete this information collection is estimated to average 5 minutes per response, including time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

Dear Parent/Guardian,

My name is [RESEARCHER] and I work for Edelman Berland, an independent research firm based in Washington, D.C. My company, along with [FACILITY], are conducting a study on food and nutrition with young people in Columbus and in other regions of the United States.

This effort is being sponsored by the United States Department of Agriculture (USDA) in order to find ways to encourage healthy eating in schools through posters and other materials.

As you know, your child has been selected to participate in a small group discussion. These sessions will help us learn how young people think about food and nutrition. We will use what we learn from these focus groups to develop new ways to encourage kids in local schools to eat healthy.

Your child's participation in the focus group is voluntary. S/he does not have to answer any question that feels uncomfortable. The focus group will be recorded on audio and video so that study leaders can pay full attention during the discussion. What your child says during the focus group will be kept secure and only used for research purposes, except as otherwise required by law. His/her real name will not be included in any reports we write about the focus group.

Your child needs permission to participate in this discussion. This discussion will take about one hour. It will be held at [LOCATION] on [DAY, DATE]. There will be five other kids participating in the discussion. You will receive \$50 as a token of our appreciation.

Included with this letter you will find consent forms and additional information for this study. If your child wishes to participate, please complete the parent consent for child participation form and bring it with you on the day of the groups. We will have extra copies of this form at the facility if necessary.

If at any time you have questions or concerns about this focus group, please feel free to contact me at [RESEARCHER'S CONTACT INFORMATION]. Thank you for your consideration and we look forward to working with you.

Sincerely,
[RESEARCHER NAME]

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Parent/Guardian Consent Form

Your son or daughter is going to take part in a group discussion with five other children, as part of a research project on behalf of a federal government nutrition program. The group discussion will be about food and nutrition and will last about 60 minutes.

The researcher will ask the group about healthy foods and show posters that could be placed in schools to encourage healthy eating. Your son or daughter does not have to participate in this group if he or she does not want to. If he or she chooses to participate, he or she does not have to answer any questions he or she does not want to answer, and he or she may leave the group at any time without penalty or loss of benefits.

The group discussion will be video and audio taped to ensure our report is complete and accurate. These tapes are for research purposes only and everything your child says will be kept secure and only used for research purposes, except as otherwise required by law. Your child will not be named in any report on this project.

Parent's Permission

I agree to allow my son or daughter, _____, take part in this group discussion.

I have read the Parent Permission Form and understand that the group will discuss my child's opinions about food and nutrition.

Parent/Guardian Signature: _____

Parent/Guardian Name (*Please print*): _____

Date: _____