

Attachment N:
ODPHP Physical Activity Guidelines, 2nd Edition
Incentive Receipt Form for Child and Adolescent
Focus Groups

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Submitted to:

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U.S. Department of Health and Human Services

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Incentive Receipt Form for Child and Adolescent Focus Groups

My child has received \$40 for participating in a focus group for CommunicateHealth and the Office of Disease Prevention and Health Promotion (ODPHP). I have received \$35 for supporting my child's participation..

Minor's Name (Print): _____

Parent Name (print): _____ -

Parent Signature: _____

Date: _____ - -