

Dear Principal:

Please excuse the below named student from class to participate in a health survey conducted by the Centers for Disease Control and Prevention. The date and arrangements we have made for transportation are indicated below.

NAME: SP NAME

DATE: DAY, DATE

_____ Parent will pick up.

_____ Taxi will pick up.

_____ Student will leave from home.

Thank you for your cooperation and your appreciation of the valuable contribution this student is making to our study. If you need to contact us, please call 1-855-958-0631.

Sincerely yours,

SM NAME

Study Manager

As parent/guardian of the above named child, I consent to the arrangement indicated.

Signature (Parent/Guardian)

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