

Refusing Consent For Measurements On My Child

Page 1 of 2

If you are happy for your child to take part in all the measurement you do not need to do anything. The measurements will take place in school three times: during the spring/summer in Years 4, 5, and 6. Only return this form if you **DO NOT** want your child to participate in some or all of the measurements or you do not want the school to provide personal information about your child.

Child's name:

.....

Child's Date of Birth:

.....

Child's School:

.....

Name of Teacher:

.....

Parent's / Guardian's name:

.....

Parent's / Guardian's signature:

.....

Please put your initials in the box of any information you **DO NOT** wish your child's school to give to the research team. If you are happy for your information to be given **leave the box blank**.

	I <u>DO NOT</u> want the school to give you the following
Name of child	
Child's date of birth	
Child's gender	
Child's ethnicity	
Child's home postcode	

Active for Life Year 5

Refusing Consent For Measurements With My Child

Page 2 of 2

Please put your initials in the box of any information you **DO NOT** wish your child's school to give to the research team. If you are happy for your information to be given **leave the box blank**.

	I <u>DO NOT</u> want my child to take part in the following measurements
Wearing an 'accelerometers' for 5 days (a match-box sized activity monitor which look like pedometers) to measure their physical and sedentary activity.	
Questionnaire about the food they eat, amount of time they spend watching TV or using a computer, their attitudes towards exercise and diet and towards exercising and eating with their family	
Questionnaire about who they are friends with at school	
Height	
Weight	
Waist circumference	

Please return this form to the University of Bristol in the addressed prepaid envelope or email afly5-scm@bristol.ac.uk to ask for an electronic form that you can email back to us.