Your child has been invited to participate in a focus group lead by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016. (School name) has approved this activity and it will take place during student leadership class. The focus group will be about how to get students to make healthier choices in the lunchroom. Students will be asked to share about foods they like to eat and give suggestions for making healthy foods appealing to teens. Please decline or accept your student’s participation in this activity by checking the appropriate box below and signing your name.

⬜ **I accept** ⬜**I decline**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Persons Phone Number 555-555-5555 contactemail@email.com**

Your child has been invited to participate in a focus group lead by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2016. (School name) has approved this activity and it will take place during student leadership class. The focus group will be about how to get students to make healthier choices in the lunchroom. Students will be asked to share about foods they like to eat and give suggestions for making healthy foods appealing to teens. Please decline or accept your student’s participation in this activity by checking the appropriate box below and signing your name.

⬜ **I accept** ⬜**I decline**

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Persons Phone Number 555-555-5555 contactemail@email.com**

**STUDENT FOCUS GROUP WAIVER FORM**

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*Adapted from “Spokane Regional Health District Focus Group Waiver Form”. Spokane Regional Health District. 2013.*

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