

Consent for Nutritional Assessment

Date: _____

Dear Parent/Guardian,

We are conducting nutritional assessments for adolescents as part of our health initiative aimed at improving the overall well-being of young individuals in our community. Your child, **[Child's Name]**, has been identified to participate in this assessment, which will help us understand and address nutritional needs.

Please review and sign the consent form below to allow your child to participate in the nutritional assessment:

Consent Form

I, **[Parent/Guardian's Name]**, the parent/guardian of **[Child's Name]**, hereby give my consent for my child to participate in the nutritional assessment. I understand that the information gathered will be used for health improvement purposes and will be kept confidential.

Signature: _____

Date: _____

Contact Information

If you have any questions or concerns, please contact:

Name: **[Health Professional's Name]**

Phone: **[Phone Number]**

Email: **[Email Address]**

Thank you for your support in promoting adolescent health.

Sincerely,

[Your Organization's Name]