

Parental/Guardian Consent Letter

Date: _____

Dear Parent/Guardian,

We are conducting a health survey aimed at understanding the needs and concerns of adolescents in our community. Your child has been invited to participate in this important study. The survey will include questions related to health behaviors, lifestyles, and attitudes.

Participation in this survey is voluntary. If you agree to allow your child to participate, please sign and return this consent form. Your child's responses will be kept confidential and will only be used for research purposes.

Purpose of the Study:

To gather data that will help improve health services for adolescents.

What Participation Involves:

Your child will complete a questionnaire, which will take approximately 20 minutes. They may choose not to answer any question they are uncomfortable with.

Risks and Benefits:

There are minimal risks associated with this study. Potential benefits include contributing to the understanding of adolescent health needs.

Confidentiality:

All information collected will be kept private and secure. Only authorized personnel will have access to this data.

Contact Information:

If you have any questions about this study, please contact:

Name: _____

Phone Number: _____

By signing below, you indicate that you have read and understood the information provided and consent to your child's participation in this study.

Parent/Guardian Name

Signature

Date