

**PARENT/CARER PARTICIPATION OPT-OUT FORM**

Enhancing Policy In SChool Food (EPIC) study

**Please only complete this form if you DO NOT want your child to take part in this study. If you are happy for your child to take part, we do not need you to return this form to us.**

*Please initial the box below.*

**I am not willing** for my child to take part in the study

Name of child: ……………………………………

School/Youth Group: …………………………………………….

Class: ……………………………………………..

Name of parent/guardian: ………………………………………………………….

Signature of parent/guardian: ………………………………………………………….

Date: ……………………………………………..

**For paper copies:**

**PLEASE RETURN THIS OPT-OUT FORM TO YOUR CHILD’S SCHOOL OR YOUTH GROUP OR EMAIL IT TO** **epicfoodstudy@contact.bham.ac.uk**

**Please return prior to the workshop date,**