[Study Title]

**OPT-OUT FORM**

Ethics Approval Reference: [Insert]

If you **DO NOT** want your child to participate in the above-named research study please fill out the form below and return it to the school by [dd/mm/yyyy].

If we do not receive an opt-out form from you by this date, your child may be invited to take part in this study, as described in the accompanying information sheet.

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**I, the undersigned, hereby DO NOT give permission for my child to take part in the study titled [NAME OF STUDY].**

Name of child:

Name of parent/guardian:

Signature: Date:

Name of researcher: