

Dear Parent,

This letter is to inform you that junior and senior students within our school will be invited to participate in a research study through collaboration with XXX. The purpose of the study is to encourage positive health behaviors and promote healthy decision making for students.

Your child's participation in the project is completely voluntary. He or she will complete a baseline survey about general health behaviors including things like physical fitness activities and substance use including alcohol and cannabis use. Following this survey each student will be invited to receive ongoing information about how to avoid health risk behaviors (for example, how to avoid situations that might involve drinking alcohol) for 12 weeks through a text-messaging app. Responses to the survey questions and text messages will be linked to a confidential study ID number and not your child's name or phone number. Your child does not have to answer any questions that make him or her feel uncomfortable. The app will track student use of the app and general phone usage (for example, screen on versus off time; battery time) to promote message delivery at the best time for students, as well as student responses to questions sent through the app messages.

If your child does not have a password on their smartphone, we will ask they put one on for your child's privacy. If your child is not able to have a password on their phone, your child will not be able to participate in the study. If you engage in any monitoring activity related to your child's cell phone use, we recommend you discuss this with your child prior to their participation in the study.

Your child could benefit from participation in this project by receiving positive and evidence-informed health messages for three months. If your child completes the whole study, they will be eligible to receive approximately \$XX in total across the three months. The research team will not provide parental access to youth research data or provide health-related services to youth participants or families as part of this research project.

Risk of participation in the project is minimal. However, as in any study, there always exists some risk of disclosure of information. Procedures are in place to prevent unauthorized access to data, including encryption and firewall secured servers for data storage.

If for any reason you do not wish your son or daughter to participate in this project, please sign this form and return it to the school office by (DATE). Please feel free to contact the study director (XXX) directly with any additional questions or concerns at: XXX-XXX-XXXX.

Principal  
XXX High School

THIS FORM IS TO BE RETURNED TO THE SCHOOL OFFICE AT XXX. OFFICE STAFF WILL ENSURE THE FORM IS RETURNED TO XXX.

Please fill out the form in its entirety to ensure we do not include your child in the study.

**I do not give permission for my child to participate in this research study:**

\_\_\_\_\_  
Student's Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
DATE

**Reason for opt out:**

\_\_\_\_\_  
\_\_\_\_\_  
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