



NUI Galway
OÉ Gaillimh



World Health Organization

Health Behaviour in School-aged Children Survey 2022

CONSENT FORM

I have read the information sheet, understand what is involved and have had time to think about whether my child will take part in this survey. I understand that taking part is voluntary (it is his or her choice) and that we are free to withdraw from the research at any time without giving a reason.

Name of Pupil:..... Class:..... Name of Parent/ Guardian:.....
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My child **DOES NOT** have my permission to participate in the HBSC Survey

Signature of Parent/Guardian:

Date:

If you are happy for your child to participate, there is no need to return this form.