
**Physical Activity Project Consent Form
Grades K-4**

Dear Parent/Guardian:

As part of this grant there is required data that must be collected on physical activity, nutrition and physical fitness. Your child's participation is voluntary, but it will enhance his/her health and understanding of living a healthy and active life. Data collection will take place in and out of school. Your child's grade in physical education will not be affected in anyway by participation or non-participation in the collection of data. The data collected in this project will take place in four one-week windows this school year. During each data collection window your child will need assistance with two pieces of data: a four day pedometer log and a short survey on nutrition and physical activity. The last piece of the data collection will be completed in your son/daughter's physical education class and will measure his/her cardiovascular fitness through the 20 meter shuttle run.

Any data used to describe the results of this project will not use your child's name or other personal information. Only general group averages will be described in the project's report to the Department of Education. This consent form allows your child to be considered for randomized sampling of the district's student population and possibly being chosen for one or more of the four data collection windows. If your son/daughter is selected in the project, a packet of directions and resources will follow. To be involved in the project we must have a parent/guardian signature. Please check the appropriate box below to indicate whether or not you agree to let your son/daughter be included in the physical activity project. Sign on the appropriate line and return to your child's Physical Education teacher.

PLEASE RETURN BY: FRIDAY, SEPTEMBER 16TH 2011

- I agree to let my son/daughter participate in this project
- I DO NOT agree to let my son/daughter participate in this project

Parent/Guardian Signature

Student Name

Date

Homeroom Teacher