

**UNIVERSITY of York**  
The Department of Health Sciences

AND

**ARK Foundation, Bangladesh**

**Parent's opt-out Consent Form**

**Title: CLASS II (Children Learning About Second-hand Smoke): A pilot randomized controlled trial**

**To be completed by a parent or guardian who DOES NOT AGREE to their child taking part in the CLASS II trial.**

**Please sign the form and send it back to your child's school by no later than .../.../2015.**

**Name of Researchers: Dr Kamran Siddiqi and Dr Rumana Huque**

	<b>Please confirm agreement to the statements by putting your initials in the boxes below</b>
I confirm that I have read and understood the information leaflet for parents/carers [Dated: 26-3-15; Version no: 1.4]	
I have had the opportunity to ask questions and discuss this study	
I have received satisfactory answers to all of my questions	
I have received enough information about the study	
I <b><u>DO NOT</u></b> wish my child to take part in the above study	
Optional information - Reason for refusal to participation (if applicable): _____	
Parental Signature .....	Date.....
Your Name ..... Child's full name.....	
Child's school.....	

Researcher Signature .....	Date
Name of Researcher	