

October 21, 2015

Dear Parent or Guardian of University School Student:

My name is Felicia Williams and I am a second year MPH student at East Tennessee State University. As a component of my Community Health Concentration, I developed a program called You Only Live Once! So Living Healthily Matters, which is designed to empower students on the benefits of yearly health checkups, proper nutrition and physical activity. The program will span over four class sessions and will be offered to Mr. Penley's Wellness class at the University School.

During session one, students will be introduced to TennCare Kids, as well as the benefits of yearly checkups. During session two, students will review the food groups with a focus on the servings of fruits of vegetables that are recommended and the characteristics of foods that should be avoided. Session three will cover physical activity which includes recommendations, options, health benefits and risks of physical inactivity. The sessions will include several activities designed to engage the students such as: setting SMART goals, reading food labels, tasting a healthy snack option (salsa/corn/bean mix with baked chips), a pedometer activity and sharing healthy food recipes/workout routines with their classmates on the class Blog. The Blog will be active for the duration of the sessions (October 26-November 4).

I will be evaluating the program by using a short pre-post questionnaire which should take about 15 minutes to complete. Your child will be asked questions about their health behaviors such as physical activity level, food preferences and yearly checkups. The questions are not anticipated to create any discomfort for students and are designed to help with studying the possible benefits of the You Only Live Once! So Living Healthily Matters Program.

The questionnaire will be completely confidential. In other words, there will be no way to connect your child's name with their responses. The program is designed to provide important health information and teach skills related to healthy behaviors. Your child's participation in the program will give me invaluable experience as a developing health professional.

If you do not want your child to fill out the survey, it will not affect you or them in any way. Participation in this program is voluntary. You may refuse to allow your child to participate.

If you have any questions about the program, you may contact me at 770.820.7478. Also, my instructor, Dr. Mary-Ann Littleton, may be contacted for any questions that you have about the class that this program is for (423.439.5247).

If you do NOT want your child to participate, please fill out the information below the dotted lines and have your child return it to school. Otherwise, we will assume that you have given permission for your child to fill out the questionnaire and participate in the sessions. Thank you for your time.

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**Complete this only if you DO NOT WANT your child to participate.**

**CHILD'S NAME:** \_\_\_\_\_  
(please print the name)

**YOUR NAME:** \_\_\_\_\_  
(please print your name)

**YOUR RELATIONSHIP TO CHILD:** \_\_\_\_\_  
(for example: mother, father, grandmother)

**YOUR SIGNATURE:** \_\_\_\_\_

**Please have your child return this to Coach Penley.**