



## Statement of Non-Participation in Research

### ESPAD Ireland 2024

#### Parent/Guardian

I have read the information sheet on the ESPAD European Survey and I do not give my permission for my child to complete this survey.

School Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_