Dear Parents,

Next week in biology class, we will investigate the effect of caffeine on the body. Each student will need to bring in a 12-ounce can of ______________________________. Please provide one can labeled with your child’s name and class period.

During the activity, students will consume 12 ounces of the above-specified soft drink and measure what effect it has, if any, on their heart rates.

Students are not to bring in any soft drink other than the one specified. Because the different brands and flavors vary in their caffeine content, it is important that all students consume the same brand.

Students who choose not to bring in a soft drink, or those without signed permission forms, can participate in the activity by drinking 12 ounces of water. They will be an important part of the activity by serving as “controls.”

Thank you for your continued support.

Teacher’s Signature

My child, ______________________________, has permission to participate in the caffeine activity in class and will bring in a 12-ounce can of ______________________________ to consume as part of the activity.

My child, ______________________________, has permission to participate in the activity in class and will bring in a 12-ounce can of caffeine-free ______________________________ to consume as part of the activity.

My child, ______________________________, will not drink a 12-ounce soft drink during the activity, but will participate by drinking 12 ounces of water.

Parent’s or Guardian’s Signature: ______________________________

Date: ______________________