PARENT/GUARDIAN (OPT-OUT) CONSENT FORM

Dear Parent/Guardian:

\_\_\_\_\_\_\_\_\_County School District \_\_\_\_ occasionally asks students to complete tests, surveys and questionnaires to gather information about various topics pertaining to youth. During this school year, we will be administering the following survey:

* An anonymous student survey to gather information about your student’s attitudes toward alcohol and drugs, the perceived, availability of alcohol and drugs in the community and other community/school-related issues. Data collected from this survey will allow us to monitor our current prevention programs in the schools and also apply for additional funding.

Your agreement and your student’s participation in the surveys are completely voluntary. Your student may decide not to participate or, if he or she does participate, can choose not to answer any questions, without penalty.

**Confidentiality:** The surveys will be confidential (not seen be others) and anonymous (students’ responses cannot be identified). Students will not provide their names or any other identifying information anywhere on the survey.

**Benefits of the Survey:** The surveys will help program planners learn more about how to design activities to improve school and community programs to help prevent bullying, alcohol, and drug use among youth. Your student will not have to answer any questions unless he or she wants to and his or her answers to these questions will not be seen by anyone but the staff working on the survey results.

**Survey Review:** Copies of the surveys will be available on (date)for previewing by contacting (name, title, and phone number).

Please **sign** below and **return** this form if you do not give your consent.

( ) I do not give my consent for my student to take the alcohol/drug survey on (date).

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Signature of Parent/Guardian Date

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Student’s Name (please print)

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Homeroom