

## ACTIVE PARENTAL PERMISSION FORM

Our school is taking part in the Youth Risk Behavior Survey sponsored by the Department of Public Instruction. The survey will ask about health behaviors that keep young people healthy, as well as behaviors that result in unintentional and intentional injuries, tobacco use, and alcohol and other drug use. It will also ask about bullying, sexual risk behaviors (mostly for high school students), online risk behaviors, stress and anxiety, self-harm, dietary behavior and physical activity. It also focuses on positive things like strong connections to the school and to other people.

Students will be asked to fill out an anonymous, online questionnaire that takes about 25-35 minutes to complete. They will take the survey during regular class time.

for student IDs or any other individual identifiers. The classroom will be used so that students' answers remain private. The school will not share your child's answers. Your child will get no benefit right away from taking the survey. The results of this survey do help students by providing schools with information that is used to improve health and safety programs. We would like your child to participate in the survey, **but the survey is voluntary**. No action will be taken if your child does not take part. Students can skip any question they do not want to answer. In addition, students may stop participating in the survey at any time. If you have questions about the survey, you may ask your child's teacher or contact the Department of Public Instruction. If you have questions, they can direct you to the proper person at the Department of Public Instruction.

Please read the section below. **Please check the appropriate box.**

and return the form to the school no later than **[Date]**. Thank you.

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Child's name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read this form and know what the survey is about.

YES, I give permission for my child to take part in this survey.

NO, I do NOT give permission for my child to take part in this survey.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_