



2017 Youth Drug Survey (YDS) Parental Permission Form

Our school is taking part in the 2017 Youth Drug Survey sponsored by Center for Prevention Services. This survey is conducted every two years to learn about student attitudes and drug use in grades 6th through 12th. Classrooms will be selected at random.

Students will be asked to complete a questionnaire that takes about 20 minutes. We do not anticipate any risks to your child in completing this paper and pencil survey. Some students might find certain questions to be sensitive, but the survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no school or student will ever be mentioned by name in a report of the results. While there is no immediate benefit from taking part in the survey, the results will help other children and the schools in the future.

We would like all students in the selected classrooms to take part in the survey but the survey is voluntary. No action will be taken against the school, you, or your child, if your child does not participate. Students can skip any question that they do not wish to answer. In addition, students may stop participating in the survey at any point without penalty.

You may review the survey in advance at www.preventionservices.org. If you have questions about the survey that your child's teacher or principal cannot answer, please call Angela Allen, Executive Director, at 704-375-3784, ext.4654.

You need to return this slip to your child's health teacher by October 20th, 2017 only if you **do not** want your child to participate in the survey.

Thank you.

Angela Allen

My child may **not** take part in this survey.

Student's Name: _____ Grade: _____

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

Parent's Signature: _____ Date: _____

Phone Number: _____