

PARENTAL CONSENT FORM

PLEASE RETURN THIS FORM IF YOU DO NOT WISH YOUR CHILD TO PARTICIPATE

Your child's School is taking part in the Youth Risk Behavior Survey (YRBS) sponsored by the Clark County Combined Health District. Other high schools and middle schools in Clark County are also participating in the 2023 administration of this survey.

The purpose of this survey is to learn about the health of the youth in our community so that community-based programs can effectively address any health concerns. The research survey will ask about the health behaviors of individual 7th through 12th grade students. A wide variety of health-related questions will be asked, including questions about the child's nutrition, physical activity, injuries, safety, violence, tobacco, alcohol and other drug use, sexual behaviors, mental health, and access to health care.

For more information on this survey and its contents please visit:

<http://www.cdc.gov/HealthyYouth/vrbs/index.htm>

You may also obtain a copy of the survey from the school office.

Students will be asked to fill out a questionnaire online which takes about 45 minutes to complete. The date of this survey will be determined by the school and will take place in the Fall of 2023.

This survey has been designed to protect your child's privacy. Students will not put their names on the survey, and results of the survey will be tabulated by grade level only. Individual student responses will not be singled out or shared with anyone. The results of this survey will help your school and other local agencies plan for programs that will help children in the future. We would like all selected students to take part in the survey, **but the survey is voluntary.** No action will be taken against your child, you, or the school, if your child does not take part. 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. Surveys will be administered by the teachers or school staff, not by the health department staff.

If you do **not** consent for your child to be a research subject in the survey, please check the box below and sign. The form must be returned to the teacher that distributed the form or be electronically submitted to the school by September 25th. If the form is not received, you consent for your child to participate. If you opt your child out of participating in the survey, your child will be directed to remain at their desk during the time the survey is being implemented. For privacy and convenience, there will be a collection envelope in each of the classrooms for the student to drop off this form. If you have questions about this survey, please feel free to contact Helaina LeCaptain with the Clark County Combined Health District, at **937-390-5600, ext. 256.** Thank you.

Student's name: _____ Grade: _____

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

Parent's signature: _____ Date: _____

Phone number: _____

IF I DO NOT RETURN THIS FORM BY SEPTEMBER 25th, I CONSENT FOR MY CHILD TO BE A RESEARCH SUBJECT IN THIS SURVEY, BUT ONLY IF HE OR SHE THEN VOLUNTARILY ASSENTS.