

Parental Permission Form
2009 NH Youth Risk Behavior Survey

Our school is taking part in the 2009 Youth Risk Behavior Survey sponsored by the New Hampshire Departments of Education and Health and Human Services. The research survey will ask about the health behaviors of 9th through 12th grade students. The survey will ask about nutrition, physical activity, injuries, tobacco, alcohol, and other drug use. It will also ask about sexual behaviors that cause AIDS, other sexually transmitted diseases, and pregnancy.

Students will be asked to fill out a questionnaire that takes about 45 minutes to complete.

Doing this paper and pencil survey will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no class or student will ever be mentioned by name in the results. The results of this survey will help students 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 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.

Please read the section below. If you do **NOT** want the student to take part in the survey, check the box and return the form to the school no later than _____. Please see the attached form for more facts about the survey. If the student's teacher or principal cannot answer your questions about the survey, please call the Department of Education at 271-3889. A copy of the survey questionnaire is available at school if you wish to review it.

Thank you.

Student's name: _____ Grade: _____

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

☐ The student may **NOT** participate in this survey.

Parent's signature: _____ Date: _____

Phone number: _____

2009 YOUTH TOBACCO SURVEY

Parental Permission Form

Our school is taking part in the 2009 Youth Tobacco Survey sponsored by the NH Departments of Education and Health and Human Services. The survey will be conducted for students in grades 9-12. The content of the survey includes questions related to tobacco on: prevalence (cigarettes, smokeless tobacco, cigars, and pipes); knowledge and attitudes; cessation; environmental tobacco smoke; media and advertising; minors' access; and school curriculum.

Doing this paper and pencil survey will cause little or no risk to your child. 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 even be mentioned by name in a report of the results. Your child will get no benefit right away from taking part in the survey. The results of this survey will, however, help your child and other 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 the school, you, or your child, if your child does not take part.

Please read the section below. **If you do not want your child to take part in the survey**, check the box and return the form to the school no later than [date]. Please see the attached form (Survey Questions and Answers) for more facts about the survey. If your child's teacher or principal cannot answer your questions about the survey, call Judy Nicholson at DHHS, (603) 271-2170.

Thank you.

Child's name: _____ Grade: _____

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

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

Parent's signature: _____ Date: _____

Phone number: _____