ATTACHMENT 8

Parent Consent Form

OMB No. 0930-0196 Expiration Date: 09/30/2013

at

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0196. Public reporting burden for this collection of information is estimated to average 45 minutes per respondent per year, including time for responding to questions, reviewing message concepts provided, and sharing reactions and ideas within the group. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, 1 Choke Cherry Road, Room 8-1099, Rockville, Maryland, 20857.

One-on-One, In-depth Interview Parental/Guardian **Consent Form**

This is to certify that I,	, hereby agree to allow my
(Parent or Guardian's	
child to pa	rticipate in this project being conducted by the
Gallup Organization.	
•	the project and my child's part in it have been fully any questions I may have had about the process.
I understand that my child will be part of an interpolation opinions with a moderator.	erview process where he/she will be asked to share
I understand that my child is free to decline to a I understand that any data or answers to question	nswer specific questions or items in the interview. ns will not be shared with me.
I further understand that I am free to withdraw rany time.	my consent and terminate my child's participation a
Parent/Guardian Signature and Date	
I certify that the informed consent procedure ha questions from the participant as fully as possib	
Principal Investigator's Signature and Date For additional information contact: Lamont Re	ooker, Gallup Organization at 202-715-3064