# Parent Permission Form

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| --- | --- |
| If you are allowing your child to participate in the Substance Abuse and Mental Health Services Administration (SAMHSA) survey about underage drinking, please complete the following form by January 25, 2017. |  |
|  |  |

\_\_\_\_\_\_\_ I am choosing to allow my child to participate in the underage drinking survey.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Name (Printed) Signature & Date

The completed form can be returned to your child’s homeroom teacher or principal.

# Parent “Opt-Out” Form

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| --- | --- |
| If you do **NOT** want your child to participate in the Substance Abuse and Mental Health Services Administration (SAMHSA) survey about underage drinking, please complete the following form by January 25, 2017. |  |
|  |  |

\_\_\_\_\_\_\_ I am choosing to “opt-out” my child from participation in the underage drinking survey.

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Caregiver Name (Printed) Signature & Date

The completed form can be returned to your child’s homeroom teacher or principal.