# **Parent/Caregiver Permission Form**

|  |  |
| --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  |  |

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

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

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

Parent/Caregiver Name (Printed) Signature and Date

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

# **Parent/Caregiver Opt-Out Form**

|  |  |
| --- | --- |
| 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. |  |
|  |  |

\_\_\_\_\_ I am choosing to opt out my child from participation in the underage drinking prevention

 survey.

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

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

Parent/Caregiver Name (Printed) Signature and Date

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