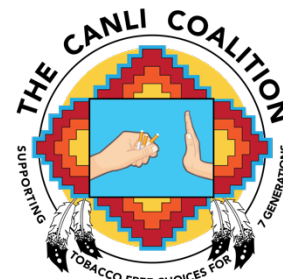


Čanlí Coalition of CRST

Youth Tobacco Survey – Parent Passive Permission/Opt-Out Consent Form

Adapted from the South Dakota Youth Risk Behavior Survey Form



Our school is taking part in the Youth Tobacco Survey sponsored by _____. This is an important survey that will help promote health among our youth and help prevent tobacco use. The survey will be conducted with students in grades _____. Please read this form for information about the survey and instructions on how to give your permission for your child to take the survey.

Survey Content. The content of the survey includes questions related to tobacco on: usage of (cigarettes, smokeless tobacco, cigars, pipes, synthetic nicotine products, and e-cigarettes/vapes); knowledge and attitudes; cessation; environmental tobacco smoke; media and advertising; and minors' access. You may look at the questionnaire in the school office.

It is Voluntary. 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 doesn't take part.

It is Anonymous. The survey has been designed to protect your child's privacy. Students will not put their names on the survey. Also, no student will ever be mentioned by name in a report of the results.

Administration. The survey will be given to students on _____. It will be administered in one of your child's regular classrooms by a member of the school staff.

Potential Risks. Doing this survey will cause little or no risk to your child. Your child will get no direct benefit from taking part in the survey. The results of this survey will, however, help your child and other children in the future.

For Further Information. Please contact the school office or school principal if you have questions related to this survey. Our phone number is _____.

Youth Tobacco Survey Opt-Out Consent Form

Please complete the form below and return it to your child's teacher by _____.

By returning this form, ***I do not give permission*** for my child to take the Youth Tobacco Survey.

My child's name is: _____ Grade _____

Parent/Guardian Signature: _____ Date: _____

Last Updated May 2022

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Adapted from the Čanlí Coalition's Tribal Tobacco Toolkit. Available at <https://quittobaccosd.com/tribal-tobacco-advocacy-toolkit>.