

Parental Opt Out Permission Form

On 12/08/21 our school is taking part in the 2021 Youth Risk Behavior Survey (YRBS) sponsored by the New Hampshire Departments of Education and Health and Human Services. The survey will ask about the health behaviors of 9th through 12th grade students. The survey will ask about nutrition, physical activity, injuries, and tobacco, alcohol, and other drug use. It will also ask about sexual behaviors that could lead to pregnancy and sexually transmitted infections, including HIV.

Students will be asked to fill out a survey that takes about 35 minutes to complete.

Doing this 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 school or student will ever be mentioned by name in a report of the results. For the survey results to be accurate, it is important that all students, regardless of whether they have engaged in health risk behaviors, are given an opportunity to participate 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 the survey. Students may skip any questions they do not wish to answer. In addition, students may stop taking the survey at any point without penalty. If you would like to see the survey, a copy is available in the EMHS main office and online at <https://www.dhhs.nh.gov/dphs/hsdm/yrbs.htm>.

Complete the section below and return it to the school (atten: Melorah Bisaillon) prior to 12/07/21 **only if you do not** want your child to take part in the survey. If you have additional questions about the survey your school counselor or principal cannot answer, please contact the Department of Health and Human Services at DHHS.NH.Youth.Risk@dhhs.nh.gov. Thank you.

Please complete and return this section of the form only if you do not want your child to participate in the survey.

Return this form to Melorah Bisaillon at Epping Middle High School.

Student's name: _____ Grade: _____

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

[] NO, my child may **not** take part in this survey.

Parent's signature: _____ Date: _____

Phone number: _____