#  **Georgia Strategic Prevention Framework**

**Community Survey Parental Permission Form**

**Introduction:** Thank you for considering allowing your child to participate in our community wide alcohol survey. We want to learn more about what people in the community think about alcohol use. We have received a funding from the Georgia Office of Prevention Services and Programs (OPSP) to do this survey.

**Process:** The survey should take your child about 15 minutes. Your child’s answers will be kept confidential. This means that your child’s name will not be associated with his/her answers.

**Risks and Right to Refuse:** This survey will include questions about your child’s opinions, use (if any), and attitudes about alcohol use. The questions pose no risks to you or your child unless either of you feel uncomfortable answering some of the questions. Your child does not have to answer any of questions if he/she does not want to. He/she can stop the survey at any time. Your child’s participation in this survey is voluntary with your permission.

**Benefits:** Your child’s responses will help us learn about alcohol and alcohol use in your community, which we will use to create prevention programs.

**Persons to Contact:** If you have questions before, during, or after your survey, you may call [insert local agency contact person].

You may also contact Travis Fretwell, the Director of the Office of Prevention Services and Programs at (404) 657-2315.

**Your Consent:** A copy of this form will be given to you. If you agree to allow your child to take our survey, please sign below.

I have been given a chance to read this form and to ask questions. I give my permission for my child to participate in the community survey.

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Signature Date

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