



## Broward County Public Schools

### Parent Permission Refusal Form

Our school is participating in a Customer Survey sponsored by Broward County Public Schools. This survey will ask 3<sup>rd</sup> through 12<sup>th</sup>-grade students opinions about their school and health behaviors. This survey will address questions related to unintentional injuries and violence, as well as the use of and attitude towards tobacco, alcohol, and other drugs. Students will be asked to participate in this survey. The survey will take roughly fifteen (15) minutes to complete.

Participation in this survey will cause little to no risk to your child. The only potential risk may be that some students might find certain questions to be sensitive. The survey has been designed to protect your child's privacy and is completely anonymous. For the survey results to be accurate, it is important that all students, regardless of whether they have engaged in health-risk behaviors or not, are given an opportunity to participate in the survey.

It is important to keep in mind that the survey is voluntary. No action will be taken against the school, you, or your child if your child does or does not take the survey. If you would like to see the survey, a copy is available at <https://www.browardschools.com/Page/32846>. Please complete the section below and return it to the school within 3 days *only* if you do **not** want your child to take part in the survey. If you have additional questions about the survey that your child's teacher or principal cannot answer, please e-mail [prevention@browardschools.com](mailto:prevention@browardschools.com).

Please read the section below and check the box only if you do **NOT** give your child permission to complete the Customer Survey. This form must be signed and returned to the school within three (3) days to decline participation. If you have any questions or wish to review the instructional materials, please visit <https://www.browardschools.com/Page/32846>.

**This form only needs to be returned if you do NOT want your child to participate.**

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**Student's Name:** \_\_\_\_\_

I have read and I understand this form concerning the Customer Survey:

[ ] NO, my child may NOT participate in this survey.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_