



COOPERSTOWN CENTRAL SCHOOL DISTRICT

39 Linden Avenue
Cooperstown, New York 13326-1496
(607) 547-8181

Teresa Gorman
Interim Principal

Parental Permission Form

Our school will take part in the Otsego County Youth Risk Behavior Survey (YRBS). This survey is sponsored by LEAF, Inc. and the Otsego County System of Care. The survey will ask about the health behaviors of 9th through 12th grade students. The survey asks about nutrition, physical activity, injuries, tobacco, alcohol, and other drug use, as well as, sexual behaviors that could lead to pregnancy and sexually transmitted diseases, including HIV.

Students will be asked to fill out a survey that takes about 35 minutes to complete. 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 or other identifiable information on the survey. Your child will not get a benefit right away from taking part in the survey. The results will help your child and other children in the future. We would like all Otsego County students in grades 9-12 to take part in the survey, but the survey is voluntary. Action will not be taken against the school, you, or your child, if you 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 a copy of the survey, please contact Aletha Sprague, Bassett Research Institute, 1 Atwell Rd., Cooperstown, NY, 607-547-7639 or aletha.sprague@bassett.org.

Please see the attached information sheets for more facts about the survey. Complete the section below and return it to the school with (2) days **only if you do not** want your child to take part in the survey. If you have additional questions about the survey, please call the Junior/Senior High School Main Office 607-547-8181.

Thank you,

Teresa Gorman
Principal

OPT-OUT FORM

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

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: _____