

## Parental Permission Form

Our school is participating in the 2024 Florida Youth Survey (FYS) sponsored by the Department of Health and the Department of Children and Families. There are two versions of the FYS being administered. The **Florida Youth Tobacco Survey** provides information for evaluating the impact of Florida's innovative program to prevent and reduce tobacco use. The **Florida Youth Substance Abuse Survey** provides important information on alcohol and other drug use, attitudes and behaviors, and risk and protective factors that affect substance abuse behaviors. Adverse childhood experience questions are also included on the FYSAS in high schools only. Your child will be asked to complete one of the two versions. Students may skip any question they do not wish to answer. They also may stop answering questions at any point during the survey. A copy of the survey is available for your review at the school.

The 2024 Florida Youth Survey has been approved by state and local school officials and has the support of statewide organizations, including the Governor's Office of Drug Control, the Department of Health, the Department of Children and Families, and the Department of Education.

**Risk and Benefits of Your Child's Participation:** Completing this survey is voluntary and poses no risk to your child. Survey procedures have been designed to protect your child's privacy and allow for anonymous participation. Students will not put their names on the surveys. No school or student will ever be mentioned by name in a report of the results. There will be no action against you or your child if your child does not participate. Participating in this survey will not directly benefit your child. However, the information collected will be used to better evaluate and plan programs designed to prevent risky behaviors among Florida's youth.

Please read the section below. **YOUR CHILD WILL ONLY PARTICIPATE IF YOU GIVE PERMISSION.** Please see the other side of this form for additional information. If you have any questions, please contact

**JANIS HAGERDON**

**[janis.hagerdon@flhealth.gov](mailto:janis.hagerdon@flhealth.gov)**

Thank you for your cooperation.

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Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

I have read and understand this form concerning the Florida Youth Survey:

☐ My child HAS MY PERMISSION to participate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_