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CALIFORNIA HEALTHY KIDS SURVEY (CHKS)  
**Consent Form**  
**2018-2019 School Year**

Dear Parent or Guardian:

Your child is being asked to be a part of our school district's California Healthy Kids Survey sponsored by the California Department of Education. This is a very important survey that will help promote better health and well-being among our youth and combat problems such as drug abuse and violence. *Your child does not have to take the survey. Participation is voluntary and requires your permission.*

**Survey Content.** The survey gathers information on developmental supports provided to youth; school connectedness and barriers to learning, as well as behaviors such as physical activity and nutritional habits; alcohol, tobacco and other drug use; and school safety. You may examine the questionnaire in the school office or at the district website [www.cnusd.k12.ca.us](http://www.cnusd.k12.ca.us).

**It is Voluntary.** Students who agree to participate with your permission only have to answer the questions they want to answer and they may stop taking it at any time.

**It is Anonymous.** No names are recorded or attached to the survey forms or data. The results will be made available for analysis only under strict confidentiality controls.

**Administration.** The survey will be administered in the Fall of 2018. It will take about 50 minutes to complete and will be administered in your child's regular fifth grade class.

**Potential Risks.** There are no known risks of physical harm to your child. Risks of psychological or social harm are very small. In rare instances, some discomfort might be experienced from the questions. The school's counseling services will be available to answer any personal questions that may materialize.

**For Further Information.** The survey was developed by WestEd, a public, non-profit educational institution. If you have questions about this survey, you may call Carol Coyne, Health and Wellness Educator, Student Services, (951) 736-5106.

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**CHKS Parent Consent Form**

Please check below whether you grant permission, sign and return this form to the teacher who distributed it within three days:

\_\_\_\_\_ **I give permission** for my child to participate in the California Healthy Kids Survey

\_\_\_\_\_ **I do not give permission** for my child to participate in the California Healthy Kids Survey

\_\_\_\_\_  
 Signature of Parent or Guardian

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Students Name: (Please Print)

**Board of Education**

Jose W. Lalas, Ph.D. Bill Newberry

Bill Pollock Mary Helen Ybarra John "Mr. Z" Zickefoose

