

Baltimore County Public Schools
Franklin High
 Student Contact Information for School Year 2015-2016

Student _____ **Grade** _____

Address _____

_____ **Date Of Birth** _____

No Changes

Siblings (attending BCPS)

First Name	Last Name	Relationship	School	Resides with Student?	
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No
_____	_____	_____	_____	Yes	No

Parent/Guardian (Primary contact in the event of a school closing emergency)

Relationship _____ **Resides with Student? (Y/N)** _____

First _____ **Last** _____

Address Line _____ **Home, Cell, Number OK to**
City, State, Zip _____ **Telephone Ext Work to call Text Email**

_____ _____

_____ _____

_____ _____

Parent/Guardian (to be called if primary contact cannot be reached)

Relationship _____ **Resides with Student? (Y/N)** _____

First _____ **Last** _____

Address Line _____ **Home, Cell, Number OK to**
City, State, Zip _____ **Telephone Ext Work to call Text Email**

_____ _____

_____ _____

_____ _____

Other Emergency Contacts (to whom the student can be released from school)

First Name	Last Name	Relationship	Telephone	Ext	Home, Cell, Work
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Do you want your child to participate in the Maryland Youth Tobacco & Risk Behavior Survey?(See the MYTRBS Fact Sheet for more information)

DO NOT permit my child to participate in the Maryland Youth Tobacco & Risk Behavior Survey (MYTRBS)

I certify all information on this form is correct and up-to-date.

 Parent/Guardian Signature

 Date

MARYLAND YOUTH TOBACCO & RISK BEHAVIOR SURVEY

PARENTAL “OPT OUT”

Our school may be taking part in the Maryland Youth Tobacco and Risk Behavior Survey (MYTRBS), conducted by the Maryland Department of Health and Mental Hygiene (DHMH) in collaboration with the Maryland State Department of Education (MSDE) and the Centers for Disease Control and Prevention (CDC). The survey was designed by the CDC to identify risk behaviors that may include safety behaviors such as use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, or other drugs, nutrition and physical activity, and sexual behavior. The survey takes one class period (45 minutes) to complete.

The survey has been designed to protect your child’s privacy. The survey is confidential and **students will not put their names on the survey**. Also, no school or student will ever be mentioned by name in a report of the results. Although your child may not benefit immediately from taking part in the survey, all children will ultimately benefit from the information collected that will guide the development and implementation of State and local programs designed to increase their health.

We would like all selected students to take part in the survey. However, the survey is voluntary. Doing this paper and pencil 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. **If your child is not comfortable answering a question, he or she may skip it.** No action will be taken against the school, you, or your child, if your child does not take part. In addition, students may stop participating in the survey at any point without penalty. The survey takes one 45 minute class period to complete. A copy of the questionnaire is available for your review at the school and on the website listed below.

A review board has approved the survey. If you have any questions about your child’s rights as a participant in this survey, or if you feel your child will be harmed in any way by taking part, please call toll-free 1-877-878-3935, leave a message including your name and phone number, and someone will call you back as soon as possible. For more information about the survey, please visit <http://fha.dhmh.maryland.gov/ohpetup/SitePages/YTRBS.aspx> or www.cdc.gov/HealthyYouth.

If you do not want your child to take part in the survey, (1) check the box and sign where indicated on your child’s contact information form and (2) return your child’s emergency contact information by **October 1, 2015.**

FREQUENTLY ASKED QUESTIONS

Q. Why is the *Maryland Youth Tobacco and Risk Behavior Survey (MYTRBS)* conducted?

A. The Maryland Department of Health and Mental Hygiene and the Maryland State Department of Education will use the results from the MYTRBS to (1) monitor how priority health risk behaviors among middle and high school students change over time; (2) evaluate the impact of broad state and local efforts to prevent health risk behaviors; and (3) improve school health education policies and programs.

Q. Are sensitive questions asked?

A. Some questions may be considered sensitive by some districts, schools, or parents. All such questions are presented in a straightforward and sensitive manner and were designed by the CDC. Topic areas covered include use of helmets and seat belts, depression and mental health, use of tobacco, alcohol, other drugs, nutrition and physical activity, and sexual behavior.

Q. Will student names be used or linked to the surveys?

A. No. The survey is designed to protect your child’s privacy. The survey is administered by specially trained field staff. Students do not put their name on the survey. When students finish the survey, they place the completed survey in a large box or envelope.

Q. Are students tracked over time to see how their behavior changes?

A. No. Students who participated cannot be tracked because no identifying information is collected.

Q. How are students picked to be in the survey?

A. Statewide, approximately 360 schools and 85,000 students are picked to take part. First, schools are randomly picked, and then classrooms in selected schools are randomly picked. Every student in a selected class may participate.