



GOVERNMENT OF BERMUDA  
Ministry of Justice

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**Department for National Drug Control**

September 28, 2011

Dear Parent/Guardian:

**PARENT/GUARDIAN CONSENT FORM**

The Department for National Drug Control (DNDC), in collaboration with the Ministry of Education, will be conducting a **Survey of Middle and Senior School Students on Alcohol, Tobacco, Other Drugs, and Health**, in both the public and private sector as well as home schools or tutorial sites.

This Survey is critical to the development of intervention strategies to prevent the use and abuse of alcohol, tobacco, and other drugs by our adolescents. Similar surveys were previously conducted in 2003 and 2007, respectively, under the Bermuda Communities that Care programme.

The Ministry of Education has given permission to administer this Survey during the period of October 10 to 14, 2011. We expect the Survey to be administered by a classroom teacher or counsellor. On previous occasions, the Survey has been conducted during the homeroom period. Students will be informed that the **anonymous** and **confidential** questionnaire is not a test. It is expected that approximately 50 minutes will be needed to complete the survey, which includes students receiving of instructions from the administrator and upon completion placing the survey in a sealed envelope in a drop box, which will be located in the classroom.

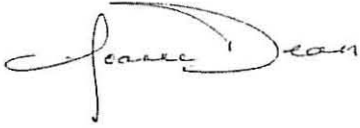
Your child's participation is invaluable. If you **DO NOT** wish for your child to participate in this Survey, you can indicate this by signing the consent form on the next page and return it to the School by **September 26**. If you agree, your child will be informed by the School of the date when the Survey will be administered and during which time period. **Participation or non-participation will have no effect on your child's grades.**

The risks from participating in this study are no more than encountered in everyday life. The benefit, however, of your child's participation is that the collective responses will allow planners, policy makers, and researchers to better understand and counter risky behaviours among our youths. The published results from this Survey will in no way identify any one student and data will be aggregated.

If you have any questions with regard this initiative, please call the Department at 292-3049 or e-mail [dndc@gov.bm](mailto:dndc@gov.bm).

Thank you for your allowing your child to participate in the Survey.

Respectfully yours,



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Joanne Dean, B.Sc., BSN, ICADC, CCS  
Director

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**CONSENT FORM**

Please return this consent form to the School by Wednesday, October 5<sup>th</sup>, 2011.

I **DO NOT** give permission for my child to participate in this Survey.

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Child's Name

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Parent's/Guardian's Signature

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Date



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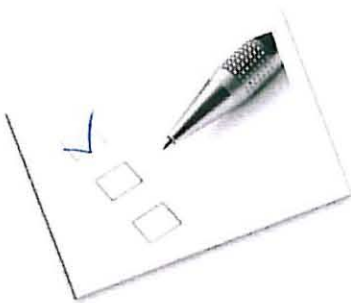
# HEY STUDENTS...

**DON'T MISS THE  
SURVEY of  
MIDDLE AND SENIOR SCHOOL STUDENTS  
ON ALCOHOL, TOBACCO, OTHER DRUGS, AND HEALTH**

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**Tuesday, October 11<sup>th</sup>**

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- Your participation is **IMPORTANT**
- Your responses are **ANONYMOUS** and **CONFIDENTIAL**

**If you have any questions contact  
Department for National Drug Control  
at 294-9705 or 294-9702**