



Permission Form (Student opt-out)

Please complete this Permission Form ONLY if you DO NOT want your child to take part in the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS). If you have multiple children who are being asked to participate in the survey, please complete one form for EACH child you would like to opt-out of the survey. If your child is or older, they can decide on their own if they want to participate in the survey by either completing this form in advance of the survey, or by declining to participate on the date the survey is administered.

RETURN THIS FORM to

STUDENT'S SCHO	OL:			
			Office Use Only: PROJECT SCHOOL ID:	
NAME OF STUDENT: (print in capitals)		irst: Last:		
STUDENT'S GRADE:				
NAME OF PARENT/GUARDIAN: (print in capitals)		First: Last:		
Permission Decision				
Parent If child is younger than	NO, I (parent/guardian) DO NOT want my child who is under the age of participate in the survey.			
If student is or older		NO, I (student) DO NOT AGREE to participate in the survey.		
SIGNATURE/DATE:	SIGNATURE/DATE: Signature:		e:	





PRIVACY NOTICE

The personal information collected as part of the Canadian Student Tobacco, Alcohol and Drugs Survey (CSTADS) is governed in accordance with the Privacy Act. Only the information needed to administer the survey and that is necessary for the analysis being undertaken will be collected. Participation in the CSTADS is completely voluntary and any student is free to refuse to participate at any time.

<u>Purpose of collection:</u> Your personal information is required because understanding Canadian trends in tobacco, alcohol and drug use is vital to the effective development, implementation and evaluation of strategies, policies and programs aimed at addressing problematic substance use.

<u>Other uses or disclosures:</u> A master file data set will be retained and securely stored by the Contractor. The data collected will be used in aggregate form to generate results at the school, province, and national levels. Each participating school will receive a summary report displaying the key results. An anonymized public release data file will be provided to Health Canada which will be made public. No students will be named in any of the responses collected or in the resulting reports or data sets. In limited and specific situations, personal information may be disclosed without your consent in accordance with subsection 8(2) of the Privacy Act.

Refusal to provide the information: There will be no consequences for any student who chooses not to participate in the survey or provide any specific piece of information within the survey. Any student or parent who, in an active consent school, refuses to provide the personal information required on the permission form will result in the student not being allowed to participate in the survey.

For more information: If you have any questions about the privacy of your information, please contact the CCI Research Company Security Officer, Linda Hudson at (888)246-8068 or linda@cci-research.com. This personal information collection is described in Info Source, available online at www.infosource.gc.ca. Refer to the personal information bank PSE 938.

