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### Program Permission Slip

Dear Parent/Guardian:

Your child is scheduled to attend the Botvin LifeSkills program by McMillen Health on \_\_\_\_\_ at their school, after-school club, or other organization. (LifeSkills Transitions is a 6-day program, LifeSkills High School is a 10-day program). In the program, students will learn about substance use and healthy decision making. An aspect of this program will be a voluntary survey that they are eligible and invited to take part in. The survey will take approximately 5 minutes to complete. Your child will have the option to skip questions or stop the survey at any time. Surveys will be confidential, and answers will not be able to be linked to them.

IF you want your child to attend this educational program, it is not necessary to return this sheet. Your child will attend the program with their class as scheduled.

IF you do NOT want your child to attend this educational program, you must complete the form and return it to your child's teacher on or before \_\_\_\_\_.

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Please return the portion below if you **DO NOT** want your child to attend.

Child's Name \_\_\_\_\_

\_\_\_\_\_ My child may NOT attend the McMillen Health program.

Signed,

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Guardian