

Date: 9/7/2022

National Clinical Trials #: NCT05219422

Study Title: Improving the Implementation of Evidence-based
Drug Prevention Programs in Schools

PARENT/LEGAL GUARDIAN CONSENT FORM FOR CHILD'S SURVEY PARTICIPATION
Project ALERT

PRINT name of your child:

First Name

Middle Name

Last Name

I have read (or someone has read to me) the information in the Project ALERT Survey Information Letter which explains the study and my child's involvement.

Please mark "Agree" or "Refuse"

Agree

☐

I agree to allow my child to complete the Project ALERT student surveys to measure change in attitudes and behaviors.

Refuse

☐

I refuse to allow my child to complete the Project ALERT student surveys.

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**SIGNATURE OF PARENT OR LEGAL GUARDIAN**

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you the child's:

☐

Parent

☐

Legal Guardian

Parent/Legal Guardian's Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Guardian's Telephone Number: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Print NAME of parent or legal guardian: \_\_\_\_\_

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last



\_\_\_\_\_  
SIGNATURE of parent or legal guardian

\_\_\_\_\_  
Please return to RAND in the included pre-paid envelope, or to your child's teacher.

RAND Corporation  
ATTN: Survey Research Group - Data Reduction  
Project ALERT  
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Santa Monica, CA 90401