



Levittown Community Action Coalition CONSENT FORM TO PARTICIPATE IN FOCUS GROUP

Active Parental Consent Form

Levittown Community Action Coalition – Drug Free Communities Grant

Your child has been asked to participate in a focus group sponsored by the Levittown Community Action Coalition on behalf of a grant administered by the White House Office of National Drug Control Policy (ONDCP), managed by the CDC. In this focus group, we will ask questions about alcohol and substance use. Nobody participating in the focus group will be identifiable, and the information that the participants provide will serve to help our coalition design our prevention strategies so they have the most impact.

Doing this focus group will cause little or no risk to your child. The only potential risk is that some students might find certain questions to be sensitive. The focus group asks no questions about personal or individual substance use and behaviors, but asks participants to reflect upon what they see in their community. No one will ever be mentioned by name in a report of the results. **This focus group is voluntary.** Anyone may decline to participate, cannot respond to questions that they do not wish to answer, or can stop/withdraw at any time from the group without penalty. No action will be taken against you or your child, if your child does not take part. This group will be co-facilitated with the help of the Levittown Youth Coalition members who work closely with the Levittown Community Action Coalition to help prevent, educate, and advocate for substance abuse prevention in our Levittown/Island Trees Community.

Please read the section below and check one box. Return the form to Janet Lombardo via email at lcac@yesccc.org by the date below.

If you have questions about the focus group, please call 516-719-0313, ext. 223. Please see more about our coalition efforts and grant funding at lacoalition.org.

Thank you.

Levittown Community Action Coalition

Date of Focus Group:	
Location:	

I have read this form and know what the survey is about.

- Yes**, my child may participate in the LCAC youth focus group
- No**, my child may not participate in the LCAC youth focus group

Parent or Guardian’s signature: _____ Date: _____