# Passive Parental Consent Form – English

**Dear Parent/Guardian:**

The Massachusetts Department of Public Health is partnering with [*organization name]* to administer a survey to youth ages 14-17 to learn about the health and well-being of Massachusetts youth. The COVID-19 pandemic continues to have lasting impacts on youth health, behavior, and access to education, employment, and other resources. The Department of Public Health will use information about these impacts and other youth experiences to inform programming, funding, and policies that will better support youth at this time.

**What will the survey require of my child?**

Unless you object to your child’s participation, they will be asked to complete a one-time online survey. The survey will take about 15-20 minutes to complete. The survey will ask about your child’s experiences with the COVID-19 pandemic, access to basic needs and resources, health and mental well-being, experiences with substance use, education, employment, safety, information sources for accessing news, neighborhood, and demographic background. The information obtained in this survey will help identify areas of need among youth, or groups of youth that are more directly affected than others by public health emergencies like COVID-19. The survey is completely **voluntary**. **No action** will be taken against you or your child if your child does not take part. In addition, youth may stop participating in the survey at any point without penalty and may choose to skip any questions they do not wish to answer.

**How will my child’s privacy be protected?**

All survey responses will be sent to the MA Department of Public Health which will treat all survey answers as confidential. The survey will not ask for any personal identifiable information such as name, address, phone number, or email. Demographic information collected (such as age, sex, race/ethnicity, sexual orientation) will not be used by the MA Department of Public Health to identify your child. Your child’s survey responses will be combined with other youth responses to create general statistical information which cannot identify individual students.

**Are there any risks?**

Survey questions are unlikely to result in any discomfort or harm. However, your child may decline to answer any question they do not want to answer. There is a very low risk of loss or release of confidential information. The MA Department of Public Health has procedures in place to minimize this risk.

**What are the benefits of the study?**

Information collected from this survey will provide programs within the MA Department of Public Health valuable information on unique issues youth face during this time and will help with the department’s efforts to address needs identified in the survey. It will also provide new information about the continued impact of COVID-19 on the youth population of Massachusetts.

**Other information**

[Youth organization name] is administering this survey for the MA Department of Public Health. If you have any questions about this survey, please contact [contact person at organization] or [contact person at the department of public health]

Your child will be given the opportunity to take the survey unless you tell us that you do not want your child to take the survey. Therefore, you only need to return this form if you **DO NOT** want your child to participate.

**If you do not want your child to participate**, please complete and return this form to *(Youth org will designate)* no later than *(Youth org will designate)*.

My child named below may **not** take part in this survey.

Child’s name

Parent/Guardian Signature

Date