

Ocean View School District

Spring 2010 California Healthy Kids Survey
Parent Consent Form
Grade 5

_____ School

Please check below and return this form to your child's teacher.

___ I *give permission* for my child to participate in the Healthy Kids Survey.

___ I *do not give permission* for my child to participate in the Healthy Kids Survey.

Name of Student _____

Teacher _____

Parent Signature _____

Date _____

Thank you for completing and returning this consent form.
Please return this form no later than Friday, April 2, 2010