

TeenScreen Parent Consent Form

*Screening will occur throughout the 2011-2012 school year. Please return this form to:
Teen Screen 55 South Rodney Street Helena, Mt. 59601.*

I have read and understand the description of the TeenScreen Program offered by the Helena School District.

____ I would like my child to participate in the TeenScreen Program.

____ I do not want my child to participate in the TeenScreen Program.

Parent/Legal Guardian's Name (Print) _____

Student's Name (Print) _____ School _____ Grade _____

Parent/Legal Guardian's Signature _____

Date _____

**If your child will be participating, please provide the following information so we
can contact you if necessary:**

Address: _____ Home phone # _____
_____ Cell phone # _____

E-Mail Address: _____

Is there a good class period for your child to participate? If so, please indicate: _____

Has your child been previously screened through Teen Screen: Yes No Not Sure

Best times to reach you:

1) _____ Tel. # _____

2) _____ Tel. # _____

If your child screens positive, do you give consent for Teen Screen to refer your child to the Transitional School Based Mental Health Therapist for a mental health assessment? In the event your child screens positive, you would be notified your child has been referred to this free service. Yes__ No__

Signature: _____