



THIS FORM MUST BE RETURNED

Parent Consent Form

The American Academy of Pediatrics recommends all youth have a yearly emotional screen. *Please complete this form and have your child return it to the school as soon as possible.*

I have read and understand the description of the Christian Family Solutions Screening Program.

<p>_____ I would like my child to participate in the Christian Family Solutions Screening Program.</p> <p>_____ My child has special needs, e.g., physical, verbal, educational, interpreter. Explain:</p>
<p>_____ I do not want my child to participate in the Christian Family Solutions Screening Program because:</p>

Student's Name (print): _____ **Date of Birth:** _____

Student's School: _____

Student's E-Mail Address: _____

Parent/Legal Guardian's Name (print):

Parent/Legal Guardian's Signature:

Parent Information

Please provide the following information so we can contact you with results of the screening:

Address: _____	Cell #: _____
_____	Home #: _____
_____	Work #: _____

Parent E-mail Address: _____

Best way to be contacted during school hours: Cell Home Work E-mail

Questions? Contact the screening coordinator:

Dan Nommensen, LPC, NCC, BC-TMH

800.438.1772, ext. 1201

dnommensen@wlcfs.org

[Click here for full information about the screening program.](#)