

WHAT'S UP WELLNESS CHECKUPS/TEENSCREEN PARENT CONSENT

I have read and understand the description of the TeenScreen Program offered at Forest Charter School from August 2018 through June 2019. A complete description is available at: www.whatsupwellness.com

I would like **OR** I do not want my child to participate in the TeenScreen Program

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

Date

Student's Name

Date of Birth

High School

Grade

Please provide BOTH addresses and phone/email information so we can contact you if needed:

Physical Address

Mailing Address (if different)

Parent's Email Address

Home Phone

Cell Phone

Work Phone

Preferred mode of communication? (Call/text/email) _____

CONSENT TO RELEASE INFORMATION TO SCHOOL MENTAL HEALTH COUNSELOR

As part of our program we offer support connecting families to resources if needed. If you would like us to coordinate with your teen's school counselor in accessing support, please give permission below (if you decline your child will still be screened with your consent above and no contact will be made with the school mental health counselor):

By signing this document, I, _____, hereby authorize What's Up?
(Name of parent/guardian)

Wellness Checkups to disclose information and records regarding _____
(Name of child)

to Forest Charter School Mental Health Counselor.

I understand that I have a right to receive a copy of this authorization. I further understand that any cancellation or modification of this authorization must be in writing. Disclosure of this information and/or records authorized herein is required for the following purpose: Coordinated student support between What's Up? Wellness Checkups and Forest Charter School Mental Health Counselor.

The specific uses and limitations on the type of information to be disclosed are as follows: What's Up? Wellness Checkups screening summary. Such disclosure shall be limited to the following specific types of information: What's Up? Wellness Checkups Summary in the form of verbal and written communication.

This authorization shall remain valid until July 1, 2019.

Date: _____ Signature of parent/legal guardian: _____

Reference: California Civil Code section 56.11