

TeenScreen Parent Consent Form

Please return this form by mail or have your child deliver it to:

Guidance Office at Your School

I have read and understand the description of the *TeenScreen* Program offered during this academic year *(please check one of the following)*:

___ 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): _____

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: _____

Work/Cell Phone: _____

Email address: _____

Best times to reach you: _____