



782 Springdale Drive, Exton, Pennsylvania 19341 • Phone: 484-266-1000 • www.wcasd.net

### Behavioral Health Screening Parent Consent Form

**Please return** this form to let us know whether you want your child to participate in the screening.

Please have your child return their permission slip to their grade level guidance counselor.

I have read and understand the description of the Behavioral Health Screening offered.

I would like my child to participate in the Behavioral Health Screening.

I do **not** want my child to participate in the Behavioral Health Screening.

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 #: \_\_\_\_\_

\_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Best times to reach you:

1. \_\_\_\_\_ Tel. #: \_\_\_\_\_

2. \_\_\_\_\_ Tel. #: \_\_\_\_\_