

TeenScreen Parent Consent Form

Please return this form as soon as possible to let us know whether you want your teen to participate in the screening. You may mail this form to the address noted below or have your child deliver it to:

Mail To:

OR

Deliver To:

Mary Anne Cox, LCSW
NAMI: Champlain Valley
14 Healey Avenue, Suite D
Plattsburgh, NY 12901

Guidance Office Secretary
Plattsburgh High School
1 Clifford Drive
Plattsburgh, NY 12901

I have read and understand the description of the TeenScreen Program offered at Plattsburgh High School during the 2008-2009 school year.

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 #: _____

Cell Phone #: _____

E-mail Address: _____

Best times to reach you:

1) _____

Tel. #: _____

2) _____

Tel. #: _____