

Mental Health and Substance Use Screening Parent/Guardian Consent Form

Please return this form as soon as possible to:

Helena Public Schools
Attn: Mental Health Screening Coordinator
55 South Rodney Street
Helena, MT 59601

I have read and understand the letter that describes the mental health and substance use screening offered by the Helena Public Schools. I am the parent / legal guardian of the child named below, and:

_____ I would like my child to participate: (please initial)

Student's Name (Please Print): _____ Date of Birth: _____

Gender (Please Circle): M - F - prefer not to answer

School (Please Circle): HMS - CRA - HHS - CHS - PAL - Access to Success

Grade (Please Circle): 6 - 7 - 8 - 9 - 10 - 11 - 12

Has your child been previously screened (Please Circle): Yes No Don't Know

Date form is being signed: _____

Parent / Legal Guardian's Name (Please print): _____

Parent / Legal Guardian's Signature: _____

Please provide the following information so the School Based Outpatient Therapist can contact you:

Mailing Address: _____ Phone Number: _____

City / State / Zip Code: _____

E-Mail Address: _____

Best times to reach you: _____ Phone Number: _____

_____ Phone Number: _____