



Behavioral Health Screening - Parent Consent Form

Please return this form by **January 13**, to let us know that you want your child to participate in the screening. You may mail this form to the address noted below or have your child deliver it to:

**Landisville Middle School
Counseling Office
Landisville, PA**

I have read and understand the description of the Behavioral Health Screen offered at Hempfield School District on or about **January 19**.

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

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

Parent/Legal Guardian's Name (Print): _____

Parent/Legal Guardian's Signature: _____

Student's Name (Print): _____

Student 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. # : _____