

CONSENT FOR PARTICIPATION FORM

SIGNS OF SUICIDE (SOS)

YOUR ACTION IS REQUIRED: PLEASE RETURN FORM TO YOUR CHILD'S TEACHER

Student Name: _____ Date of Birth: _____

Please read the following options carefully and **SIGN ONLY ONE OPTION:**

Option #1: This is the recommended level of participation. Please sign below if you give permission for your son/daughter to fully participate in the program, including allowing your son/daughter to complete the Brief Screening for Adolescent Depression.

I **AGREE** to have my son/daughter participate in the brief screening. I have read this consent and understand its terms. I sign it voluntarily and with full knowledge of its significance. My signature below allows my son/daughter, should he/she request to talk further, or "screen in" on the screening form, to meet with a counselor or a mental health professional from Riverside Community Care. This meeting will be a screening conversation, not a thorough mental health assessment. I understand I will be contacted by phone if my son/daughter meets with a counselor, and we will discuss follow up recommendations, if any.

OPTION #1 PARENT/GUARDIAN'S SIGNATURE: _____

Option #2: Please sign below if you give permission for you daughter/son to participate only in the educational part of the program. This includes watching the SOS video and filling out a form that asks if my daughter/son wants to speak with anyone after seeing the video. I understand I will be contacted by phone if my daughter/son meets with a counselor, and we will discuss follow up recommendations, if any.

OPTION #2 PARENT/GUARDIAN'S SIGNATURE: _____

Option #3: Please sign below if you do **NOT** want your son/daughter to participate in the SOS suicide prevention program. **I DO NOT** want for my son/daughter to participate in any portion of the SOS suicide prevention program. I realize that if I choose this option my son/daughter will be directed to the library during the administration of the program.

OPTION #3: PARENT GUARDIAN'S SIGNATURE: _____

PLEASE NOTE: STUDENTS WITHOUT A SIGNED CONSENT FORM WILL BE ALLOWED TO PARTICIPATE IN THE EDUCATIONAL PART OF THE PROGRAM (OPTION #2).