

**CONSENT FOR PARTICIPATION**  
**RETURN FORM TO YOUR CHILD'S ENGLISH TEACHER**

Student Name \_\_\_\_\_ Date of birth \_\_\_\_\_

PLEASE READ THE FOLLOWING OPTIONS CAREFULLY.

**Option #1:** Please sign in the box below if you also 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 school 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.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

**Option #2:** Please sign in the box 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 the SOS suicide prevention program.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_

In not choosing Option #1 or #2, I understand that my son/daughter will participate only in the educational portion of the program. This includes watching the SOS video and filling out a card that asks if my son/daughter wants to speak to anyone after seeing the video. I understand that every effort will be made to contact me prior to anyone meeting with my son/daughter.

PARENT/GUARDIAN'S SIGNATURE: \_\_\_\_\_