



**THIS FORM MUST BE RETURNED**  
**Parent Consent Form**  
**Campbellsport High School**

\*The American Academy of Pediatrics recommends that all youth have an emotional health screen on a yearly basis.

Please complete this form and have your child return it to his/her teacher by: \_\_\_\_\_

**Teacher** \_\_\_\_\_

I have read and understand the description of the Fond du Lac Area YScreen Program.

\_\_\_\_\_ I would like my child to participate in the Fond du Lac Area YScreen Program.

\_\_\_\_\_ I do not want my child to participate in the Fond du Lac Area YScreen Program  
because: \_\_\_\_\_

\_\_\_\_\_ Special needs: i.e. physical, language, education, interpreter needed.  
Explain: \_\_\_\_\_

**Student's Name (Print):** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **M** **F**

**Parent/Legal Guardian's Name (Print):** \_\_\_\_\_

**Parent/Legal Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Information**

Please provide the following information so we can contact you if necessary:

**Address:** \_\_\_\_\_ **Home #:** \_\_\_\_\_  
\_\_\_\_\_ **Work #:** \_\_\_\_\_  
\_\_\_\_\_ **Cell #:** \_\_\_\_\_

**Parent E-mail Address:** \_\_\_\_\_

**Best way to be contacted during school hours:** Home \_\_\_\_ Work \_\_\_\_ Cell \_\_\_\_ Email \_\_\_\_ Text \_\_\_\_