

Prior to Health Care, Mental Health Care,
Psychological Screening or Counseling

To: Superintendent of Schools of _____
Principal, _____ (name of school)

From: The Parents of _____

This letter serves to provide notice that *absent (without) our/my written consent*, our/my child *may not* be subject to any form of health care, mental health care, psychological, social services or counseling screening or tests, including those provided by a School Based Health Center.

We/I formally exempt our/my child from all health care, mental or social programs and screening, whether directly by the school, School Based Health Center (SBHC) or through an affiliated resource. Concerns by school staff relating to our/my child's purported health/mental health, are to be brought to me/us for me/our attention and assessment. School staff or School Based Health Center staff are not to take it upon themselves to obtain a diagnosis or to provide health/mental health treatment, analysis, referral or labeling of any nature. Assessment and testing are to center on academics and physical fitness only. The informed consent requirement encompasses, but is not necessarily limited to, the following activities:

1. School or SBHC-based counseling related to mental or physical health
2. Behavioral, mental health, depression/suicide or psychological/behavioral screenings of any nature and/or diagnostic instruments (ie., TeenScreen, Healthy Teen Survey, School Climate Survey, emotional factors such as anger or peer relationships, sexual activity or orientation).
3. Anger management, "self-esteem"; "conflict resolution" courses; group or family counseling.

This is not a complaint against the school. Rather, it is an exercise of parental rights made necessary by events globally in which children have been harmed and their rights, safety and health injured by health/mental health assessments, diagnosis and treatments which are based upon subjective tests having no basis in science.

I thank you in advance for your cooperation in this matter. For our mutual protection and to assure there is no misunderstanding, a copy of this letter is on file with my/our attorney. This notice applies until and unless revoked in writing by us/me, and it is to follow our/my child through progressive levels of school in this jurisdiction, district or county.

Dated _____ Parent(s) or Guardian of _____

Cc: Township, County, District or Municipality Board of Education