

Consent Form for Parents/Guardians

I give [healthcare organization] permission to:

- Administer a sexual and reproductive health and mental health needs assessments without me being present;
- Provide my child micro visits (one-on-one visits between the patient and provider to discuss results and potential health needs) if results show a need for other services;
- Provide micro visits without me being present.

I understand that:

- I have the right to refuse for my child to participate in the needs assessments;
- Depending on my child's needs assessment scores, they may complete a micro visit to further discuss their scores and potential health needs;
- If my child has a micro visit, there may be an additional co-pay to cover those services;
- Services may stay confidential between my child and their healthcare provider.

Parent/Guardian Signature

Print Name

Date

Witness Signature

Print Name

Date