

## THIS FORM MUST BE RETURNED Parent Consent Form

## Central Wisconsin Christian School

1. I understand YScreen may need to engage in a telehealth consultation with my child due to changes in instructional platforms.

Student's Phone #:

- 2. I understand the video conferencing technology that will be used to conduct such a consultation will not be the same as a direct student/YScreen staff appointment due to the fact that the student will not be in the same room as the YScreen staff member.
- 3. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my child's choosing.
- 4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that YScreen staff or my child can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. I have had the opportunity to contact the YScreen Program and ask questions regarding the screening process. My questions have been answered and the risks, benefits, and any practical alternatives have been discussed with me in a language in which I understand.



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By signing this form, I certify that:

- I have read this form or had it explained to me.
- I fully understand its contents including the risks and benefits of the screening process.
- I have been given ample opportunity to ask questions and my questions have been answered to my satisfaction.

| Parent/Legal Guardian's Name (Print):                                       |             |       |      |
|---|-------------|-------|------|
| Parent/Legal Guardian's Signature:  | Date:       |       |      |
| Please provide the following information so we can contact you if necessary |             |       |      |
| Address:  | Home #:     |       |      |
|   | Work #:     |       |      |
|   | Cell #:     |       |      |
| Parent Email Address:   |             |       | _    |
| Best way to be contacted during school hours (CIRCLE ONE): Home             | Cell        | Email | Text |
| Emergency Contact Info  | ormation    |       |      |
| Name: Relationship  | to Student: |       |      |
| Phone Number: Email Address:  |             |       |      |