



BRAVE LEARNERS PROGRAM

Document #3

Consent to Participate

I/We, _____,

hereby give informed consent to School District #36 (Surrey) and Surrey Child and Youth Mental Health (CYMH) to include my child,

in the Brave Learners Program.

I/We understand that the Brave Learners Program requires parental involvement. I/We agree to participate fully in the components of this program according to the treatment recommendations.

Parent Signature: _____

Date: _____

Parent Signature: _____

Date: _____