

BRAVE LEARNERS PROGRAM

DOCUMENT: 3. BLP PARENT CONSENT TO PARTICIPATE

I/We _____

please print parent(s)/caregiver(s) name(s)

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

please print student first and last name

in the Brave Learners Program.

I/We understand that the Brave Learners Program requires parental involvement. I/We agree to fully participate in the different components of this program including attending meetings, attending sessions at the CYMH office, reinforcing learned strategies and skills at home, and other aspects according to the treatment recommendations for my child.

Parent/Caregiver Signature: _____ Date: _____

Parent/Caregiver Signature: _____ Date: _____