



SOS Parental Consent Form

I give permission for my student to be screened for signs of depression.

Student's name: _____
(please print)

Grade: 9 10 11 12

Parent/Guardian Signature: _____

Date: _____

Please return this form to Pete Martin in the 9/10 Office.

Form can also be scanned and emailed to pmartin@linnmar.k12.ia.us