KEYSTONE
Grow . Create . Trust . Love

SCHOOL WELLNESS AND SUPPORT SERVICES CONSENT FORM: The Village Charter School

Keystone Therapy and Training Services is in partnership with your school to provide students with wellness and support services. Students have the opportunity to engage in activities, one-on-one direct support, and small support groups that promote healthy friendships, positive behavior, kindness, acceptance, self-confidence, and adjustment to change.

In order for your child to participate in the Wellness and Support Services Program, please complete and return this form. If you have any questions or concerns, please contact Rebecca Ivanoff, Director, at (707) 524-2848, or Ashley Nelson, Keystone Program Coordinator, at (707) 362-8079.

(Please complete and return the section below)

Consent for Services

My child, _____, has permission to participate in the Keystone Wellness and Support Services Program.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Telephone: (Home) _____ (Cell) _____

Email: _____

Care Team Communication and Collaboration
ROI (Release of Information)

By signing this form, I understand that my child's progress, needs, and care will be discussed with my child's teacher, the Director, and Keystone support staff.

I agree to my child's progress and care being discussed between the above care team members:

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

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FORMULARIO DE CONSENTIMIENTO DE SERVICIOS DE CONSEJERÍA Y BIENESTAR ESCOLAR

Keystone Therapy & Training Services está asociado con su escuela para brindar a los estudiantes servicios de consejería y bienestar. Los estudiantes tienen la oportunidad de participar en actividades, consejería individual y consejería en grupos pequeños que promuevan amistades saludables, comportamiento positivo, amabilidad, aceptación, confianza en sí mismos y adaptación al cambio.

Para que su hijo participe en el programa de bienestar y los servicios de consejería, deberá completar y devolver este formulario. Si tiene alguna pregunta o inquietud, por favor llame a Keystone Therapy & Training Services al 707-327-0909.

(Guarde la parte de arriba, devuelva a la escuela la parte de abajo)

Mi niño/a, _____, tiene permiso para participar en los Servicios de Consejería de Bienestar de Keystone.

Firma de Padre/Tutor: _____ Fecha: _____

Nombre de Padre/Tutor: _____

Teléfono: (casa)_____ (celular)_____

Correo E:_____