



## School Wellness Program (SWP) Withdrawal of Parent/Guardian/Minor Consent Form

I withdraw my written consent, effective immediately, for my child or myself.

\_\_\_\_\_, will not receive ☐ medical services only, ☐ mental health services only, or ☐ both medical and mental health services at the Red Hawk Wellness Center.

\_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Guardian/Minor Consented Student*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Child and Adolescent Health Program Staff*

\_\_\_\_\_  
*Date*

