

Parents' Exemption Form
Prior to Mental Health and
Psychological Screening
or Counseling

To: Superintendent of Schools of _____
Principal, _____ (name of school)

From: The Parents or Guardians of _____

This letter serves to provide notice that absent (without) our written consent, our child *may not* be subject to any form of mental health, psychological, social services or counseling screening or tests.

We formally exempt our child from all mental or social service programs and screening, whether directly by the school or through an affiliated resource. Concerns by school staff relating to our child's purported mental health are to be brought to us for our attention and assessment. School staffs are not to take it upon themselves to obtain a diagnosis or to provide mental health treatment, analysis, referral or labeling of any nature. Assessment and testing are to center on academics and physical fitness only.

The informed consent requirement encompasses, but is not necessarily limited to, the following activities:

1. School-based counseling related to mental health.
2. Behavioral, mental health, depression/suicide or psychological/behavioral screenings of any nature and/or diagnostic instruments (i.e., TeenScreen, emotional factors such as anger or peer relationships, sexual activity or orientation).
3. Anger management, "self-esteem," "conflict resolution," "suicide awareness/prevention" courses or activities; group or family counseling.

This is not a complaint against the school. Rather, it is an exercise of parental rights made necessary by events globally in which children have been harmed and their rights, safety and health injured by mental health assessments and diagnoses that are based upon subjective tests having no basis in science.

We thank you in advance for your cooperation in this matter. For our mutual protection and to assure there is no misunderstanding, a copy of this letter is on file with our attorney and/or with applicable civil rights and human rights organizations. This notice applies until and unless revoked in writing by us, and it is to follow our child through progressive levels of school in this jurisdiction, district or county.

Signed: _____
Parent or Guardian of the above-named child Date _____

Signed: _____
Parent or Guardian of the above-named child Date _____

cc: County, district, municipality or township Board of Education

cc: Teacher _____

cc: Teacher _____

cc: Teacher _____

cc: Teacher _____