



## Emotional-Wellness Screening Opt-Out Form

### TeenHope Screening Program

Administered by the Samaritan Counseling Center in Lancaster, Pennsylvania

I understand that my child is invited to participate in the TeenHope Emotional-Wellness screening as described in the letter from the school. However, I do not want my child (under 14 years of age) to participate in this wellness screening. My signature below certifies that I **do not** give permission.

I understand that the screening involves the completion of a short questionnaire about symptoms of depression, anxiety, and thoughts of self-harm. I also understand that all screening results are kept confidential.

I realize that I have the right to inquire about the process of this screening program by contacting the Samaritan Counseling Center at 717-560-9969.

Link to our resources and copies of our screening tools below:

<https://scclanc.org/mental-health-wellness/teenhope>.

\_\_\_\_\_ NO, I do NOT give my child (under 14 years of age) permission to participate in the TeenHope screening.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

---

Student Name (please print)

Student Grade

Date: \_\_\_\_\_

**RETURN TO \_\_\_\_\_, anytime between now and \_\_\_\_\_  
TO OPT out of mental health screening.**