



Informed Consent and Business Policies

Welcome to Aspiring Families, Center for Mental Health and Wellness. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions you might have so that we can discuss them at your first meeting. When you sign this document, it will represent an agreement between us.

SERVICES

EVALUATION AND TREATMENT APPROACH

We provide comprehensive, collaborative health services to children, adolescents, families, college students, adults, and seniors. Based on your intake and presenting needs, you will be assigned a primary provider, and the first few sessions with your primary provider will involve a detailed evaluation of you and your family's needs. By the end of the evaluation, your primary provider will be able to offer you feedback of what the work will include and a treatment plan, which may include collaborating with and receiving care from other specialist providers at Aspiring Families. You should evaluate this information along with your own opinions about whether you feel comfortable working with your primary provider and our specialist team. At the end of the evaluation, your primary provider will notify you if we believe that we are not the right team for you and, if so, we will give you referrals to other practitioners whom we believe are better suited to help you. Please address any concerns you have regarding treatment with your primary provider, who will attempt to address them directly and collaboratively to determine the best course for you and your family. If you have questions about our procedures, we should discuss them whenever they arise.

MEETINGS

Your primary provider will conduct an evaluation that will last from 2 to 4 sessions. During this time, your primary provider and you can both decide if our team is the best to provide the services you need in order to meet your treatment goals. Your provider and you may also decide if you or your family member needs a more comprehensive treatment plan, which could include specific sessions with additional specialists who provide varying expert approaches at Aspiring Families. If you agree to begin treatment at Aspiring Families, your primary provider will usually schedule one 45-minute session (one appointment hour of 45-minutes duration) per week, at a time agreed upon, although some sessions may be longer or more frequent. If you will be receiving additional, specialized services from our team, appointments will be scheduled on an as needed basis. Once an appointment is scheduled, you will be expected to pay for it unless you provide 24-hours advance notice of cancellation. If it is possible, we will try to find another time to reschedule the appointment in the same week. If deemed therapeutically appropriate, sessions may take place in the home and/or school setting. Additionally, observations may be requested in the home and/or a child's school or other setting, particularly when a child is having behavioral difficulties or if you or a family member are physically unable to come to the office. These observations and sessions would only occur with the consent of the client, parents, legal guardians, and the child's school or alternate setting. Observing behaviors and providing interventions in the natural environment can be extremely beneficial and informative in treatment and often leads to improved behavioral planning and collaboration with other professionals.

CONTACTING YOUR PROVIDER

Your provider is often not immediately available by telephone. Though we are usually in the office between 9am and 5pm, we probably will not answer the phone when we are with a client. When we are unavailable, your provider's telephone is answered by a confidential voice mail that we monitor frequently. As such, leaving a voicemail message is typically the best way to reach us. If you leave a message, your call will be returned between 24-48 hours after you call, depending on the urgency of the situation and the day that you call. Generally, messages are returned within 24 hours, except Saturdays, Sundays, and holidays. We will make every effort to return your call on the same day you make it, with the exception of weekends and holidays. If you are difficult to reach, please inform us of some times when you will be available. In emergencies, please call 911, or call the Access and Crisis line at 1-888-724-7240, or go to the nearest emergency room. In an urgent situation, please leave your therapist a voicemail letting them know it is an urgent situation. If you are unable to reach your provider and feel that you cannot wait for us to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call, or call 911. If your provider will be unavailable for an extended time, we will provide you with the name and contact of the provider at Aspiring Families who will be covering for them.

TELECOMMUNICATION

Between sessions your provider is available by confidential phone, fax, and via a secure web portal if you choose to enroll in our practice's patient portal. Please be aware that information communicated these ways will be held with as much confidentiality as required by law and possible, but that there are risks inherent to these modes of communication including but not limited to the information being seen/heard by individuals other than those intended.

Email Communications

We use email communication and text messaging only with your permission and only for administrative purposes. That means that email exchanges and text messages with the office and your provider should be limited to things like setting and changing appointments, billing matters, and other related issues. Please do not email us about clinical matters because email is not a secure way to contact us. If you need to discuss a clinical matter with your provider, please feel free to call us so we can discuss it on the phone or wait so we can discuss it during your session. The telephone or face-to-face context simply is much more secure as a mode of communication.

Text Messaging

Because text messaging is not considered secure and is an impersonal mode of communication, we do not text message to nor do we respond to text messages from anyone in treatment if the text is clinical in nature. So, please do not text message your provider with any clinical information unless we have made other arrangements. Text messages with the office and your provider should be limited to things like setting and changing appointments, billing matters, and other related issues.

CONFIDENTIALITY

In general, the privacy of all communications between a patient and a provider is protected by law, and your provider can only release information about your work to others with your written permission. But there are a few exceptions.

In most legal proceedings, you have the right to prevent your provider from providing any information about your treatment.

- In some legal proceedings, a judge may order your provider's testimony if he/she determines that the issues demand it, and your provider must comply with that court order. For example, in some circumstances such as child custody proceedings and proceedings in which your emotional condition is an important element, a judge may require testimony if he/she determines that resolution of the issues before him/her demands it.
- There are some situations in which your provider is legally obligated to take action to protect others from harm, even if we have to reveal some information about a patient's treatment. For example, if your provider believes that a child, elderly person, or disabled person is being abused or has been abused, they must make a report to the appropriate state agency.
- If your provider believes that a patient is threatening serious bodily harm to another, they may be required to take protective actions. These actions may include notifying the potential victim, contacting the police, or seeking hospitalization for the patient.
- If the patient threatens to harm himself/herself, your provider may be obligated to seek hospitalization for him/her or to contact family members or others who can help provide protection. If your provider assesses the patient to be a danger to self, or unable to take care of himself/herself, the appropriate authorities may be notified.
- In the event of failure to pay a bill in reasonable time, the name of the patient may be given to a collection agency to collect payment or may be recorded in small claims court.
- Furthermore, some legal actions initiated by the patient or the patient's estate may result in the court ordering the release of records.
- Finally, records and information regarding your diagnosis and treatment must be submitted to your insurance carrier for determination of benefits and authorization for continued treatment.
- If any of the above situations occur in the course of our work together, your provider will attempt to fully discuss it with you before taking any action.

CONSULTATIONS AND COLLABORATIVE CARE CONSENT

Aspiring Families offers multiple specialists and we are a collaborative team that works closely with each other as a team to provide you with comprehensive collaborative care. Therefore, your provider/s will discuss your information in team meetings at Aspiring Families to discuss treatment issues.

ANONYMOUS CONSULTATION

The Aspiring Families providers and team may occasionally find it helpful to consult external professionals about a case. These consultations with external consultants are anonymous and no identifying information is provided. The external consultants are also legally bound to keep the information confidential. Ordinarily, we will not tell you about these external consultations unless we believe that it is important to our work together.

COLLABORATIVE CARE WITH EXTERNAL PROVIDERS

In order to ensure continuity of care with external providers, the provider may request that you sign a release of information form to consult with other outside professionals that are involved in your care.

CONSENT

This consent provides us with your permission to perform collaborative treatment, testing, and home and school observations and interventions with the Aspiring Families team. By signing below, you are indicating that (1) you intend that this consent is continuing in nature for diagnostic, assessment, and treatment by practitioners at Aspiring Families, and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

Although this written summary of exceptions to confidentiality is intended to inform you about potential issues that could arise, it is important that we discuss any questions or concerns that you may have at our next meeting. Your provider will be happy to discuss these issues with you and provide clarification when possible. However, if you need specific clarification or advice, we are unable to provide, formal legal advice which may be needed, as the laws governing confidentiality are quite complex.

TERMINATION OF THERAPY

Termination is inevitable and part of the therapeutic process. It should not be done casually and is a valuable part of our work together. Either you or your provider may want to terminate your work together if we believe that it is in your best interest. We reserve the right to terminate therapy at your provider's discretion. Reasons for termination include, but are not limited to, untimely payment of fees, failure to comply with treatment recommendations, conflicts of interest, failure to participate in treatment, client's needs being outside the scope of competence or practice, or the client not making adequate progress in treatment. You also have the right to terminate treatment at your discretion. If either party decides to terminate treatment, we recommend that we meet for at least one session to review our work together, our goals and accomplishments, any further work to be done, referrals, and our options. This process is intended to facilitate a positive termination experience and give both parties the opportunity to reflect on the work that has been done. We will also attempt to ensure a smooth transition to a new provider by providing referrals when necessary.

CLIENT LITIGATION

We will not voluntarily participate in any litigation, or custody dispute in which you and another individual, or entity, are parties. We have a policy of not communicating with attorneys and will generally not write or sign letters, reports, declarations, or affidavits to be used in a legal matter. We will generally not provide records or testimony unless compelled to do so. Should we be requested to speak to attorneys, mediators, or other court appointed officials, to provide documents or reports that could be used for litigation purposes, be subpoenaed, or ordered by a court of law to appear as a witness or to testify, you agree to reimburse Aspiring Families for any time spent for preparation, reports, phone calls, travel, participation or other time utilized to provide these services at the rate of \$400 per hour.

AGREEMENT TO ARBITRATE

It is understood that any dispute as to psychological malpractice, that is as to whether any psychological services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. All claims for monetary damages exceeding the jurisdictional limit of the small claims court against the provider and the provider's partners, associates, association, corporation or partnership, and the employees, agents and estates of any of them, must be arbitrated including claims for loss of consortium, emotional distress or punitive damages. A demand for arbitration must be communicated in writing to all parties. Each party to the arbitration shall pay such party's pro rata share of the expenses and fees of the neutral arbitrator, together with other expenses of the arbitration incurred or approved by the neutral arbitrator, not including counsel fees or witness fees, or other expenses incurred by a party for such party's own benefit. Either party shall have the absolute right to arbitrate separately the issues of liability and damages upon written request.

PROFESSIONAL FEES

The specific fees for each service provided will be shared with you in the intake phone meeting and again in written form in your first evaluation meeting with your primary provider. Payments for services provided can be paid by check, credit card, or cash to 'Aspiring Families', and is required at the beginning of every session. In addition to regular appointments, Aspiring Families charges your therapy rate per hour for other professional services you might need, though charges will be broken down into 15 minute increments of the hourly cost if the therapist works for periods of less than one hour. Other services may include report writing, consultation with other authorized professionals, extended telephone conversations, attendance of meetings with other professionals you have authorized, preparation of records or treatment summaries, and time spent performing any other service you may request. At times, we may engage in telephone contact with you for purposes other than scheduling sessions. You are responsible for payment of the agreed upon fee for any telephone call lasting longer than ten minutes either with you or with any authorized third parties. For school and home observations, interventions, and sessions, session time begins when your therapist arrives at the given location and continues until they leave the given location. If you become involved in legal proceedings that require our participation, you will be expected to pay for any professional time we spend on your legal matter, even if the request comes from another party. Fees for any legal proceedings that require our attention are outlined above and will be discussed by your primary provider in your first meeting.

BILLING AND PAYMENTS

You will be expected to pay for each session at the time it is held, unless we agree otherwise. We accept cash, checks, and major credit cards made to 'Aspiring Families'. Payment schedules for other professional services will be agreed to when such services are requested. There will be a \$50 surcharge for each returned check. If your account has not been paid for more than 60 days and arrangements for payment have not been agreed upon, Aspiring Families has the option of using legal means to secure the payment. This may involve hiring a collection agency or going through small claims court. If such legal action is necessary, its costs will be included in the claim. In most

collection situations, the only information we will release regarding a patient's treatment is his/her name, the dates, times, and nature of services provided, and the amount due.

If any legal action is taken against Aspiring Families such as needing to employ a professional collection agency and/or attorney to enforce this Agreement, you agree to pay for any legal costs accrued by Aspiring Families in securing payment for services. Your provider will assume that our agreed-upon fee-paying relationship will continue as long as services are provided to you.

You have a responsibility to pay for any services you receive. If there are any problems with charges, billing, or other money related concerns, please bring them to your provider's attention and the Director's attention as soon as possible.

INSURANCE REIMBURSEMENT

In order for us to set realistic treatment goals and priorities, it is important to evaluate what resources you have available to pay for your treatment. If you have a health insurance policy, it will usually provide some coverage for treatment. It is very important that you find out exactly what services your insurance policy covers as you retain all financial responsibility for the services obtained at Aspiring Families. You should carefully read the section in your insurance coverage booklet that describes services. If you have questions about the coverage, call your plan administrator. Of course, we will provide you with whatever information we can based on our experience and will be happy to help you in understanding the information you receive from your insurance company. If necessary, we are willing to call the insurance company on your behalf to obtain clarification. Aspiring Families will provide you with a monthly 'superbill' that you can submit to your insurance for reimbursement directly to you. Aspiring Families will provide you with whatever assistance we can in helping you receive the benefits to which you are entitled; however, you (not your insurance company) are responsible for full payment of fees due to Aspiring Families. Please note that many insurances will not cover services rendered if you are on an HMO or Managed Care. However, if you have PPO insurance with Out of Network benefits, you can submit the superbill for possible reimbursement of a percentage of the fees paid. **However, you are responsible for paying all fees up front to Aspiring Families whether or not your insurance reimburses you.**

Please be aware that most insurance companies require a clinical diagnosis. Sometimes we have to provide additional clinical information such as treatment plans and progression made toward treatment goals, progress notes or summaries, or in rare cases, copies of the entire record, even when engaging in out of network billing. This information will become part of the insurance company files and will probably be stored in a computer. Though all insurance companies claim to keep such information confidential, we have no control over what they will do with it once it is in their hands. We will provide your insurance company with only the information required in order to meet their administrative needs. We will always check with you first to ensure that you give us permission to share additional clinical information beyond the 'superbill' to your insurance company. **You understand that, by using your insurance, you authorize Aspiring Families to release such information to your insurance company. We will try to keep that information limited to the minimum necessary.**

Your signature below indicates that you have reviewed the information contained in the Consent to Treatment document, that you have received a copy of the document, and that you agree to abide by its terms during our professional relationship. With your signatures, you are providing permission for Aspiring Families to provide you and/or your child and/or your family with professional services.

ADULT PATIENT NAME:	DATE:
ADULT PATIENT SIGNATURE:	DATE:
ADULT PATIENT NAME:	DATE:
ADULT PATIENT SIGNATURE:	DATE:

PLEASE CONTINUE TO READ AND SIGN FOR MINOR PATIENTS

Parents' Authorization for Minor's Treatment

In order to authorize treatment for your child, you must have either full sole or joint legal custody of your child. If you are separated or divorced from the other parent of your child, please notify us immediately. We will ask you to provide 'Aspiring Families' with a copy of the most recent custody decree that establishes custody rights of you and the other parent or otherwise demonstrates that you have the right to authorize treatment for your child.

If you are separated or divorced from the child's other parent, please be aware that it is our policy to notify the other parent that we are meeting with your child. We believe it is important that all parents have the right to know, unless there are truly exceptional circumstances, that their child is receiving an evaluation or treatment.

One risk of child treatment involves disagreement among parents and/or disagreement between parents and the provider regarding the child's treatment. If such disagreements occur, we will strive to listen carefully so that we can understand your perspectives and fully explain our perspectives and recommendations. We can resolve such disagreements or we can agree to disagree, so long as this enables your child's treatment progress. Ultimately, parents decide whether treatment will continue. If either parent decides that treatment should end, we will honor that decision, unless there are extraordinary circumstances. However, in most cases, we will ask that you allow us the option of having a few closing sessions with your child to appropriately end the treatment relationship.

INDIVIDUAL PARENT/GUARDIAN COMMUNICATIONS WITH YOUR CHILD'S PROVIDER

In the course of our treatment of your child, the provider is likely to meet with the child's parents/guardians either separately or together. Please be aware, however, that, at all times, the client is your child – not the parents/guardians nor any siblings or other family members of the child.

If your provider meets with you or other family members in the course of your child's treatment, we will ask you to sign a Collateral Consent Form. The provider will make notes of that meeting in your child's treatment records. Please be aware that those notes will be available to any person or entity that has legal access to your child's treatment record.

MANDATORY DISCLOSURES OF TREATMENT INFORMATION

In some situations, your child's provider is required by law or by the guidelines of our profession to disclose information, whether or not we have your or your child's permission. We have listed some of these situations below.

Confidentiality cannot be maintained when:

- Child patients tell the provider they plan to cause serious harm or death to themselves, and we believe they have the intent and ability to carry out this threat in the very near future. The provider must take steps to inform a parent or guardian or others of what the child has told us and how serious we believe this threat to be and to try to prevent the occurrence of such harm.
- Child patients tell the provider they plan to cause serious harm or death to someone else, and we believe

they have the intent and ability to carry out this threat in the very near future. In this situation, we must inform a parent or guardian or others, and we may be required to inform the person who is the target of the threatened harm and the police.

- Child patients are doing things that could cause serious harm to them or someone else, even if they do not intend to harm themselves or another person. In these situations, we will need to use our professional judgment to decide whether a parent or guardian should be informed.
- Child patients tell the provider, or we otherwise learn that, it appears that a child is being neglected or abused--physically, sexually or emotionally--or that it appears that they have been neglected or abused in the past. In this situation, we are required by law to report the alleged abuse to the appropriate state child-protective agency.
- The provider is ordered by a court to disclose information.

DISCLOSURE OF MINOR'S TREATMENT INFORMATION TO PARENTS

Treatment is most effective when a trusting relationship exists between the provider and the patient. Privacy is especially important in earning and keeping that trust. As a result, it is important for children to have a “zone of privacy” where children feel free to discuss personal matters without fear that their thoughts and feelings will be immediately communicated to their parents. This is particularly true for adolescents who are naturally developing a greater sense of independence and autonomy. It is our policy to be very collaborative and supportive of the parents in the child’s treatment. Parent guidance may also be a part of the treatment plan. Otherwise, your child’s provider will provide you with general information about your child’s treatment, but NOT to share specific information your child has disclosed to the provider without your child’s agreement. This includes activities and behavior that you would not approve of or might be upset by, but that do not put your child at risk of serious and immediate harm. However, if your child’s risk-taking behavior becomes more serious, then we will need to use our professional judgment to decide whether your child is in serious and immediate danger of harm. If we feel that your child is in such danger, your child’s therapist will communicate this information to you.

Example: If your child tells the provider that he/she has tried alcohol at a few parties, we would keep this information confidential. If your child tells the provider that he/she is drinking and driving or is a passenger in a car with a driver who is drunk, we would NOT keep this information confidential from you. If your child tells the provider, or if the provider believes based on things they learn about your child, that your child is addicted to drugs or alcohol, we would NOT keep that information confidential.

Example: If your teenager above 16 years old tells the provider that he/she is having voluntary, protected sex with a peer, we might keep this information confidential. However, we would strongly encourage your teenager to share this information with their doctor and with their parents. If your teenager tells the provider that, on several occasions, the child has engaged in unprotected sex with strangers or in unsafe situations, we will NOT keep this information confidential.

You can always ask the child's provider questions about the types of information they would disclose. You can ask in the form of "hypothetical situations," such as: "If a child told you that he or she were doing X, would you tell the parents?" Even when we have agreed to keep your child's treatment information confidential from you, the provider may believe that it is important for you to know about a particular situation that is going on in your child's life. In these situations, your child's provider will encourage your child to tell you, and we will help your child find the best way to do so. Also, when meeting with you, your child's provider may sometimes describe your child's problems in general terms, without using specifics, in order to help you know how to be more helpful to your child.

DISCLOSURE OF MINOR'S TREATMENT RECORDS TO PARENTS

Although the laws of CA may give parents the right to see any written records we keep about your child's treatment, by signing this agreement, you are agreeing that your child or teen should have a "zone of privacy" in their meetings with their provider, and you agree not to request access to your child's written treatment records.

PARENT/GUARDIAN AGREEMENT NOT TO USE MINOR'S THERAPY INFORMATION/RECORDS IN CUSTODY LITIGATION

When a family is in conflict, particularly conflict due to parental separation or divorce, it is very difficult for everyone, particularly for children. Although our responsibility to your child may require helping to address conflicts between the child's parents, your child's provider's role will be strictly limited to providing treatment to your child. You agree that in any child custody/visitation proceedings, neither of you will seek to subpoena your child's records or ask your child's therapist to testify in court, whether in person or by affidavit, or to provide letters or documentation expressing the child's provider's opinion about parental fitness or custody/visitation arrangements.

Please note that your agreement may not prevent a judge from requiring your child's provider's testimony, even though they will not do so unless legally compelled. If the provider is required to testify, they are ethically bound not to give their opinion about either parent's custody, visitation suitability, or fitness. If the court appoints a custody evaluator, guardian ad litem, or parenting coordinator, the provider will provide information as needed, if appropriate releases are signed or a court order is provided, but they will not make any recommendation about the final decision(s). Furthermore, if the provider is required to appear as a witness or to otherwise perform work related to any legal matter, the party responsible for the therapist's participation agrees to reimburse Aspiring Families at the rate of \$400 per hour for time spent traveling, speaking with attorneys, reviewing and preparing documents, testifying, being in attendance, and any other case-related costs.

CONSULTATIONS AND COLLABORATIVE CARE CONSENT

Aspiring Families offers multiple specialists and we are a collaborative team that works closely with each other as a team to provide you with comprehensive collaborative care. Therefore, your provider/s will discuss your information in team meetings at Aspiring Families to discuss treatment issues.

ANONYMOUS CONSULTATION

The Aspiring Families providers and team may occasionally find it helpful to consult external professionals about your treatment. These consultations with external consultants are anonymous and no identifying information is provided. The external consultants are also legally bound to keep the information confidential. Ordinarily, we will not tell you about these external consultations unless we believe that it is important to our work together.

COLLABORATIVE CARE WITH EXTERNAL PROVIDERS

In order to ensure continuity of care with external providers, the provider may request that you sign a release of information form to consult with other outside professionals that are involved in your child’s care.

MANDATED REPORTING

California state law mandates the reporting of certain types of child abuse including physical abuse, sexual abuse, unlawful sexual intercourse, neglect, and emotional and physical abuse. All actual or suspected acts of child abuse will be reported to the appropriate authorities.

Consent for Treatment of Minors

This document certifies that I give permission to Aspiring Families for the treatment of my child. This consent provides us with your permission to perform collaborative treatment with the Aspiring Families team. By signing below, you are indicating that (1) you intent that this consent is continuing in nature for diagnostic, assessment, and treatment by practitioners at Aspiring Families, and (2) you consent to treatment at this office or any other satellite office under common ownership. The consent will remain fully effective until it is revoked in writing. You have the right at any time to discontinue services.

If parents are divorced, please specify the custody arrangement and provide a copy of the most recent court/legal document related to the current custody arrangement:

*Please note: Except in rare circumstances, both biological parents or all involved guardians and adoptive parents need to sign this form prior to treatment beginning. Please ask your provider for further clarification if needed.

PLEASE CONTINUE TO READ AND SIGN FOR MINOR PATIENTS

Please provide Parent/Guardian information and signatures below. You can provide additional Parent/Guardian information on the back of this form if there are more than two Parent/Guardian(s) involved and with custody.

PARENTS/GUARDIANS OF MINOR PATIENT

NAME OF PARENT #1/GUARDIAN #1(WITH LEGAL CUSTODY):	
SIGNATURE OF PARENT #1/GUARDIAN #1(WITH LEGAL CUSTODY):	
DATE:	
HOME ADDRESS:	STREET
	CITY STATE ZIP
PHONE NUMBER:	HOME CELL

NAME OF PARENT #1/GUARDIAN #1(WITH LEGAL CUSTODY):	
SIGNATURE OF PARENT #1/GUARDIAN #1(WITH LEGAL CUSTODY):	
DATE:	
HOME ADDRESS:	STREET
	CITY STATE ZIP
PHONE NUMBER:	HOME CELL

Please initial after each line and sign below:

I understand that family therapy or parent guidance may be a part of the treatment plan. I understand that I will be provided with updates about general progress, and/or may be asked to participate in sessions as needed.

Initials: _____

Although I may have the legal right to request written records/session notes since my child is a minor, I agree not to request these records in order to respect the boundaries of my child's/adolescent's treatment.

Initials: _____

I understand that I will be informed about situations that could endanger my child. I know this decision to breach confidentiality in these circumstances is up to the provider's professional judgment, unless otherwise noted above.

Initials: _____

MINORS NAME:		DOB:
SCHOOL:		GRADE:
SIGNATURE OF PARENT #1/GUARDIAN #1(WITH LEGAL CUSTODY):		
DATE		
SIGNATURE OF PARENT #2/GUARDIAN #2(WITH LEGAL CUSTODY):		
DATE		