JOHNS HOPKINS
CENTER FOR AMERICAN
INDIAN HEALTH

#3 Cottonwood Street, Shiprock, NM, 87420
Office Phone: (505) 368-4038

8/08/2019

Dear Parent or Guardian,

The Johns Hopkins Southwest Hub for American Indian Youth Suicide Prevention Program is asking you to complete and sign the attached Consent Form in order to provide case management services for your child/children while enrolled in their current school. This includes follow-up visits from local case managers to assess risk and help connect youth to care.

The attached Consent Form for the Southwest Hub for American Indian Youth Suicide Prevention Program provides information about the services available while your child attends school.

You are asked to sign this Consent Form which is for the current school year. A new form will be required for each school year. Please return this form to the school.

If you have any questions or concerns regarding the Southwest HUB for American Indian Suicide Prevention Program, please don't hesitate to contact our team at (505) 368-4038.

Thank you,

Southwest HUB for American Indian Youth Suicide Prevention Team
at Johns Hopkins Center for American Indian Health
Local offices located at @ #3 Cottonwood Street, Shiprock, NM 87420
(505) 368-4038/ 4030

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CONSENT OF PARENT OR LEGAL GUARDIAN OR OTHER PERSON WHO HAS PRIMARY RESPONSIBILITY FOR THE CARE OF THE CHILD

STUDENT INFORMATION:

STUDENT'S NAME: _____DATE OF BIRTH:_____

GENDER: _____ SCHOOL:_____ GRADE: _____

TRIBAL AFFILIATION (*if applicable)*:_____

PARENT/ GUARDIAN INFORMATION:

FULL NAME: _____ RELATIONSHIP TO CHILD:_____

PRIMARY PHONE #:_____ALTERNATE PHONE #: _____

EMAIL ADDRESS: _____

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I (we), _____
provide consent for the Johns Hopkins Southwest Hub for American Indian Youth Suicide Prevention program to arrange for or to provide the following services for this child if needed:

1. Follow up visit and assessment at school or at another convenient location for the child.
2. Referral to Mental Health Services including evaluation and treatment as necessary.
3. Referral to Emergency Health Care.
4. Transportation of the child to and/or from another health facility.

☐ **I hereby give consent for all the above services.**

Comments or Special Instructions: _____
_____
_____
_____

PRINT NAME OF STUDENT: _____

PRINT NAME OF PARENT/GUARDIAN: _____

SIGNATURE OF PARENT/GUARDIAN: _____**DATE:** _____