

SBIRT Screening Opt Out Form

Please sign and return this form only if you **Do Not** want your child to participate in the SBIRT Screening. Please complete a separate form for each child.

COMPLETE THE FOLLOWING INFORMATION

Child's Name: _____
(Last) (First)

Date of Birth: _____ Grade _____

Name of Parent/Guardian/Custodian: _____
(Please Print)

Signature of Parent/Guardian/Custodian:

Date: _____

IMPORTANT: Please turn in directly to the Nurse's Office at your school prior to the SBIRT screening dates.