

Right to Revoke Consent

I, the undersigned parent or legal guardian of the student named below, understand that I have the right to revoke or modify my consent for services provided through the School-Based Health Center (SBHC) at any time.

I further understand that:

- Cancellation or modification of consent must be submitted in writing to the SBHC.
- Upon receipt of written notice, services will be discontinued or adjusted in accordance with my request.
- Cancellation of consent will not apply to services already provided or actions taken based on my prior consent.

By signing below, I acknowledge that I have read and understand my right to revoke or modify consent for SBHC services.

Student Name (Printed): _____

Student Date of Birth: _____

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature: _____

Date: _____

SBHC Representative Name (Printed): _____

SBHC Representative Signature: _____

Date: _____