

**Parent's Exemption Form
Prior to Mental Health and
Psychological Screening
or Counselling**

To: Principal _____

Name of School _____

From: The Parents of _____

This letter serves to provide notice that absent (without) our/my written consent, our/my child *may not* be subject to any form of mental health or psychological screening or testing (including social services or counselling relating to those tests).

I/we formally exempt my/our child from all mental or social service programs and screening, whether directly by the school or through an affiliated resource. Concerns by school staff relating to our/my child's purported mental health, are to be brought to us/me for our/my attention and assessment. School staffs are not to take it upon themselves to obtain a diagnosis or to provide mental health treatment, analysis, referral or labelling of any nature. Assessment and testing are to center on academics and physical fitness only. The informed consent requirement encompasses, but is not necessarily limited to, the following activities:

1. School-based counselling related to mental health.
2. Behavioural, mental health, depression/suicide or psychological/behavioural screenings of any nature and/or diagnostic instruments (i.e., KidsMatter, MindMatters, emotional factors such as anger or peer relationships, sexual activity or orientation).
3. Anger management, "self-esteem," "conflict resolution" courses; group or family counselling.

This is not a complaint against the school. Rather, it is an exercise of parental rights made necessary by events globally in which children have been harmed and their rights, safety and health injured by mental health assessments and diagnosis that are based upon subjective tests having no basis in science.

I thank you in advance for your cooperation in this matter. For our mutual protection and to assure there is no misunderstanding, a copy of this letter is on file with my lawyer, and/or with applicable civil rights and human rights organizations. This notice applies

until and unless revoked in writing by us/me, and it is to follow our/my child through progressive levels of school in this jurisdiction or district.

Under no circumstances is it intended that any part of this exemption form overrides any State or Federal Act or Regulation relating to the care and protection of children.

Dated _____ Parent(s) or Guardian of _____

cc: Education Department of _____ (State/Territory)

cc: Principal of the _____
Preschool/Primary/High School/College/University

cc: Federal Department of Education, Employment and Workplace Relations