

Parent's Exemption Form

Prior to Mental Health and Psychological Screening or Counselling

To: Headmaster/Headmistress of: [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, psychological, social services or counselling screening or tests.

I/we formally exempt my/our child from all mental or social service programmes 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 centre on academic 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., 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 diagnoses 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 solicitor, and/or with applicable civil rights and human rights organisations. 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.

Signature:

Date:

Parent(s) or Guardian of:

cc: Local Education Authority

Headmaster/Headmistress of the

Nursery/Preparatory/First/Infant/Junior/Primary/Grammar/Middle/High School/College