



STAGG HIGH SCHOOL • WELLNESS CENTER

1621 Brookside Road, Room E2
Stockton, CA 95207 • 209/933.7445 x8485

CONSENT FORM

Dear Parent,

Please sign and return this consent form to Room E-2. This consent form will ensure that your child will receive services he/she might need from the Stagg Wellness Center. If you have any questions, please feel free to contact us at 209/933.7445 x8485.

Thank you, Wellness Center Staff

Please Print

Student Name: _____
Last First Middle Initial

Address: _____
Street Apt. # Zip Code

Home Phone: _____ Cell Phone: _____
Student ID#: _____ Date of Birth: _____

Student attends (*check one*):
 Stagg High Stockton Public Safety Academy
 Pacific Law Academy

What race do you consider yourself to be? (*For data purposes*)

- | | | |
|--|---|--|
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black/African American |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Native Hawaiian/Pacific Islander | <input type="checkbox"/> White |
| <input type="checkbox"/> More than 1/Multi-Cultures | <input type="checkbox"/> Prefer Not To Answer | <input type="checkbox"/> Other (<i>Specify</i>): _____ |

I have read and understand the services offered at the Stagg Wellness Center. I also understand that some services, by state law, allow minors to receive care on a confidential basis. The student whose name appears above has my permission to receive the following services from the Stagg Wellness Center (check one box below):

- All services offered.
- All services offered, except those listed here: _____
- _____
- _____

This consent shall remain in effect for as long as this student is enrolled in Stagg High School, the Stockton Public Safety Academy, or Pacific Law Academy. I understand that I may withdraw my consent at any time by submitting a written document revoking my consent, including the effective date and my signature. I further authorize the release of information regarding treatment 1) to necessary school and other related agency personnel; and 2) as otherwise mandated by law.

Name of Parent/Guardian: _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____

Emergency Daytime Phone #: _____ 2nd Phone #: _____

Student Signature: _____ Date: _____ Grade: _____

STAGG HIGH SCHOOL • WELLNESS CENTER

Serving our students since 1999.

Location: A.A. Stagg High School Phone: 209/933.7445 x8485
1621 W. Brookside Road, Room E-2 Fax: 209/954.9724
Stockton, CA 95207

Hours: During the School Year Monday – Friday 7:00am – 3:00pm

The Wellness Center...

- is a place where students from Stagg High School, Stockton Public Safety Academy (PSA), and Pacific Law Academy (PLA) can receive health and wellness services.
- is a health and wellness center staffed by professionals who are trained to work with teenagers.
 - works with community agencies to provide additional resources to assist students.

Services Available On Campus

Delta Health Care is the lead agency and provides medical staff.

- ▲ Primary Medical Care
- ▲ First Aid
- ▲ Sports Physicals
- ▲ Nutrition Information
- ▲ Mental Health Services
- ▲ Individual Counseling – Anger Management, Gang Intervention, Substance Use, Personal Responsibility, Smoking Cessation, Life Skills
- ▲ Conflict Mediation Program
- ▲ Health Education
- ▲ Vision and Hearing Screenings
- ▲ Dental Screening
- ▲ Crisis Intervention
- ▲ Substance Use Prevention
- ▲ Support Groups
- ▲ Trauma Counseling
- ▲ Referrals to Outside Services
- ▲ Suicide Prevention

Thank you to our COLLABORATIVE AGENCIES

Big Smiles Mobile Dental Clinic
Child Abuse Prevention Council
Community Medical Centers
Delta Health Care
Kaiser Permanente
Shapiro Holistic Health & Chiropractic

San Joaquin County General Hospital
San Joaquin County Probation Department
San Joaquin County Public Health Services
Stockton Unified School District
- Health Services
- Mental Health & Behavior Support Services
- Police Department

