



Transition to Community Mentoring Program Acknowledgement of Health Screen Information Notice

I acknowledge that I have been informed of the purpose of the Dakota Boys & Girls Ranch Mentee Health Screen Practices. I acknowledge that I have been permitted to ask questions concerning this notice as well as my rights under this notice. I understand that this form will be a part of my child's or my clients record until I may choose to revoke this acknowledgement. If I am not the Mentee or the Mentee's parent, I represent that I am authorized by law to act for and on behalf of the Mentee.

Date

Signature of Mentee

Date

Signature of parent or authorized agent