



**PARENT/GUARDIAN CONSENT FORM**  
**STUDENT ACCESS TO SPACE FOR MENTAL HEALTH CARE THROUGH TELEHEALTH**

Westonka Public Schools is committed to supporting the mental health of our students. Subject to availability, Mound Westonka High School offers access to designated space for students to receive mental health care via telehealth during regular school hours. Additionally, if staff are available, students may request to use the space before or after school on student contact days.

Students may utilize school-issued devices for telehealth sessions, provided that this use complies with the district's acceptable use policy. Technology support is not available for telehealth appointments.

Parent/Guardian consent is required for students to reserve space to receive mental health care via telehealth. This consent will remain in effect for the entire school year in which it is given. This consent is valid only for the school year in which it is submitted.

Return the signed consent form to Nurse Kelly Mattson at [mattsonk@westonka.k12.mn.us](mailto:mattsonk@westonka.k12.mn.us)

(Refer to [District Policy 5141](#) for more information.)

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**PARENT/GUARDIAN CONSENT FORM**

I, as the parent/guardian of the student named below, hereby give consent for my student, to reserve space to receive mental health care via telehealth during the regular school day.

I also acknowledge that this consent allows my student to use a school-issued device to receive mental health care through telehealth services. I understand that this use must be consistent with the district's acceptable use policy.

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_