



Conseil scolaire du  
**NORD-OUEST**

Wellness and Mental Health Services

Consent form

2022-2023

**Student name:** \_\_\_\_\_

**Grade:** \_\_\_\_\_

**Teacher:** \_\_\_\_\_

**Motive : (to be filled out by the teacher)**

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**I hereby agree to have my child work with Mme Mélanie Coulombe, wellness and mental health consultant.**

Parent name: \_\_\_\_\_

Parent telephone number: \_\_\_\_\_

Parent email: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_