R.E.A.C.H.
Reaching Educational Achievements with Clinical Mental Health
1516 Tire Hill Road Johnstown, PA 15905
Office: 814.479.4080

Parent/Guardian Waiver Form

If any Parent/Guardian custody arrangements are changed. It is the responsibility of the individual signing this form to notify R.E.A.C.H. Inc.

By signing this form, I am agreeing to the following:

___ There is no contact with the second parent/guardian

___ There is shared custody with this child. I agree to inform

Second Parent/Guardian Name: _____
Number:_____Mailing Address:_____that I have consented for Clinical Mental Health Services: Individual and/or group services to take place. I acknowledge that R.E.A.C.H. will make an effort to contact this parent listed above.

___ I have full legal and medical custody for this child; no other Parent/Guardian contact necessary.

_____ _____ _____
Parent/Guardian Signature Parent/Guardian Printed Name Date

_____ _____
Witness Date