

**VASHON ISLAND SCHOOL DISTRICT
504 STUDENT CONSENT FOR PARENTAL CONSULTATION**

Student: _____ Date: _____

Birth date: _____ Grade: _____ School: _____

Under Washington State Law, students hold the right to consent to the following, without the consent of a parent or guardian:

- Birth Control Services (at any age)
- Abortions (at any age)
- Treatment of Sexually Transmitted Diseases (at age 14 or older)
- Outpatient Substance Abuse Treatment (at age 13 or older)
- Outpatient Mental Health Counseling (at age 13 or older)

Do not consult parents regarding these issues unless specifically authorized to do so by the student. When these issues arise in the context of the Section 504 identification, evaluation, implementation, or reevaluation or if the student asserts a right to privacy, contact the Director of Student Services.

I give permission to consult my parents regarding my section 504 plan as it relates to the above-mentioned situation.

Student Signature: _____

I would like to limit the release of my section 504 plan to the following parties/ 504 team members, as it relates to the above-mentioned situation.

Student Signature _____

Parties

_____	_____
_____	_____
_____	_____