



BOY SCOUTS
OF AMERICA®
ERIE SHORES COUNCIL

**MENTAL WELLNESS TRAINING
CONSENT AGREEMENT TO PARTICIPATE
YOUTH 5TH GRADE AND UP**

Scout Name: _____ Grade: _____

Scout Unit: _____ Training Date Signed Up For: _____

The focus of this Mental Wellness training is for youth in 5th Grade and up. This training is intended to provide suicide prevention education that is developmentally appropriate for teens and pre-teens to increase awareness and understanding of mental health.

As parent/guardian of the above-named Scout, I give permission for my Scout to participate in the Mental Wellness training. I understand that as a parent/guardian, I will also participate in the training session (online or in-person) with my Scout.

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Parent/Guardian Email: _____

Today's Date: _____

Please return the signed copy to Erie Shores Council:

Email: Erie.ShoresCouncil@Scouting.org

Mail: Erie Shores Council
PO Box 8728
Toledo, OH 43623

Drop Off: Jadel Leadership Center
5600 W. Sylvania Ave.
Toledo, OH 43623

Office Use Only - Date of Training Attended: _____

Revised: 08/26/2022