For non-emergency referrals, fax this form to 815.387.7997

Today's Date ______________________

McHenry High Schools

○ East  ○ West

For emergency situations, please go to your local emergency department or call 911.

(This form is available at www.rosecrance.org.)

Rosecrance is a behavioral health care organization that is bound by strict state and federal privacy and confidentiality regulations.

Please fax this form. Do not email.

I/We hereby agree to participate in the McHenry School District #156 Suspension Buy-Down Program. I/We agree to completing the following:

- Participate in an assessment
- Complete the corresponding program recommendations
- Hereby grant permission for Rosecrance to share all information with McHenry High School

__________________________________________        _________________________________________
Student Signature              Parent Signature

__________________________________________        _________________________________________
Administrator                     Date

For emergency situations, please go to your local emergency department or call 911.

Disposition of referral ________________________________________________________________