

GRAYSON COUNTY HEALTH DEPARTMENT

**REFERRAL FOR TOBACCO PREVENTION AND CESSATION
SMALL GROUP EDUCATION**

REFERRAL DEMOGRAPHICS:

STUDENT NAME: _____

STUDENT GRADE: _____

SCHOOL STUDENT ATTENDS: _____

What type of nicotine does the child use? (Please circle one)

E-Cigarettes Cigarettes Smokeless Cigars Other: _____

Would you like your child enrolled in the tobacco cessation class during school hours? YES NO

REFERRAL SOURCE:

NAME: _____

RELATIONSHIP: _____

If name above is not the guardian please list below:

_____ Phone number _____

SIGNATURE AND DATE: _____



You may return this form by email to Jessica.Rusher@gchdky.org, drop it off at Grayson County Health Department (124 East White Oak Street, Leitchfield, KY 42754) or FAX: 270-259-5388, attention Health Academy.