

PARENT / GUARDIAN CONSENT FOR BEHAVIORAL HEALTH REFERRAL

Student's Name: _____

School: _____

School Staff Making Referral: _____

Student's Address: _____

Phone of Guardian: _____

I, _____, as _____'s guardian, **DO** give consent for a referral to be made. I consent for an appropriate KCPS staff and the Mental Health Consultant to exchange information regarding my child.

I _____, as _____'s guardian, **DO NOT** give permission for a referral to be made or information regarding my child to be released.

I understand that giving my consent for the above stated purpose is voluntary on my part and may be revoked at any time with written consent.

Parent/Guardian Signature _____ Date _____

Witness Signature _____ Date _____