

SCHOOL-BASED MENTAL HEALTH SERVICES-PARENT/GUARDIAN CONSENT FORM

<<Date>>

Re: School Based Mental Health Services

Dear Parent/Guardian,

My name is \_\_\_\_\_ and I am the Mental Health Coordinator for Rice Lake Area School District. Your child has been recommended for school based mental health services. In order to coordinate these services, and for your child to be seen by a licensed mental health provider in a Rice Lake school building, this consent form must be signed.

I have highlighted the space, which will require the child’s name, your signature, and date. This form can be mailed back in the addressed envelope that I have included, or, we can make other arrangements to exchange this form. Once we receive consent, we can begin the process of arranging school based mental health services for your child.

I understand that this can be a confusing process. I am here to help you, your student, and your family. If you have additional questions or concerns, please contact me at 715-234-9007, Ext. \_\_\_\_\_, or email me at \_\_\_\_\_.

Thank you,

\_\_\_\_\_  
Mental Health Coordinator

By providing your signature below, you consent to coordination of school based mental health services and for your child to be seen by a licensed mental health provider in a Rice Lake school building.

\_\_\_\_\_  
Student’s Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Adopted: 04/27/2020  
Revised:  
Reviewed: