

Cullman County Schools Parent Consent for School-Based Mental Health Services

Dear Parent or Guardian:

Students enrolled in Cullman County Schools System have the opportunity to receive school-based mental health services from Mental Healthcare of Cullman during the school day.

In-school services may include the following:

Intake Evaluation, Individual/Group Counseling, Family Counseling/Support, Crisis Intervention, Mental Health Consultation, Parent and/or Staff Consultations or Training, and Psychiatrist evaluation for medications.

Is your child currently receiving services from a mental health agency? _____ Yes _____ No

If yes, please name the agency: _____

Student Name: _____ School Name: _____

Student Date of Birth: _____ Phone Number: _____

Address: _____ Medicaid #: _____

_____ Other Insurance: _____

If you are interested in receiving mental health services for your child at your child's school, please complete and sign the section below and return to the school counselor at your child's school. A person from Mental Healthcare of Cullman will contact you.

I _____ authorize Cullman County Schools to share information
(Parent/Guardian Name)

regarding my request for school-based mental health services for my child, _____.
(Student's Name)

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

This information is CONFIDENTIAL. Permission for sharing this information between Cullman County Schools and Mental Healthcare of Cullman is effective for one year. You have the right to withdraw this consent at any time.

If you DO NOT want services at this time, please complete the section below.

- I do not want my child to receive school-based mental health services at my child's school.

Student Name: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____