



THE SCHOOL DISTRICT OF ESCAMBIA COUNTY
J.E. HALL EDUCATIONAL SERVICES CENTER
30 EAST TEXAR DRIVE, PENSACOLA, FL 32503 PH
(850)432-6121 FX (850)469-6379
<http://escambiaschools.org>

Decline/Rescind School-Based Mental Health Services

I acknowledge that my child, _____, has been offered on-site, school-based mental health services.

I do not wish to receive mental health services provided by my child’s school at this time.

Student Name

Parent Name (please print)

Date

Parent signature

Decline/Accept Coordination of Counseling

If your child is receiving mental health counseling from another service provider, please indicate below if you wish for the school-based mental health counselor to coordinate and collaborate with your chosen provider.

___ No, I do not wish for collaboration

___ Yes, I would like for the school-based mental health counselor to coordinate care with my child’s current provider.

Student Name

Parent Name (please print)

Date

Parent signature