

**The School District of Escambia County**

J. E. HALL EDUCATIONAL SERVICES CENTER

30 East Texar Drive

Pensacola, FL. 32503, PH. 850/432-6121

[www.escambiaschools.org/](http://www.escambiaschools.org/)

Keith Leonard, SUPERINTENDENT

**PARENT CONSENT FORM**  
**(TO ASSESS FOR INDIVIDUAL OR GROUP COUNSELING )**

<b>Student Information: (To be completed by School Personnel)</b>				
School Counselor:	School Counselor Email:			
Student Name:	DOB:	Student ID#:		
Student's School:	Grade:	Gender:	Race:	
Student's Street Address:	City:		State:	Zip:
Referral Reason:				
<b>Parent Information: (To be completed by Parent/Guardian)</b>				
Parent/Guardian Name:				
Relationship to Student (Parent, Guardian, Other-Please Explain):				
Parent/Guardian Phone:		Student Lives With:		

I authorize \_\_\_\_\_ (School Name) to exchange information with:

\_\_\_\_\_ Escambia County School District, Mental Health Services

\_\_\_\_\_ PACE Center for Girls, Inc.

\_\_\_\_\_ Children's Home Society (PFHS and Weis)

\_\_\_\_\_ Healthy Minds (Bratt, EWMS, Northview)

Florida State Law requires that staff of Escambia County Schools Student Services will notify a student's parent or guardian if there is a change in the student's services or monitoring related to the student's mental, emotional, or physical health or well-being and the school's ability to provide a safe and supportive learning environment for the student. I further authorize the counselor to review school records, to consult with school staff, and to meet with my student to coordinate and deliver services.

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

\_\_\_\_\_  
Date