

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/

Keith Leonard, SUPERINTENDENT

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

Student Information: (To be completed by School Personnel)			
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:			
Parent Information: (To be completed by Parent/Guardian)			
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, Inc.

Lakeview Center, Inc.

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