

The School District of Escambia County

J. E. HALL EDUCATIONAL SERVICES CENTER

30 East Texar Drive

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

PARENT CONSENT FOR GROUP COUNSELING SERVICES

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 Cell Phone (used for telecounseling):	Student Lives With:		

I authorize _____ (School Name) to exchange information with:

Escambia County School District, Mental Health Services

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