

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 (PFHS and Weis)

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